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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>01D0674449 | <b>(X3) Date Survey Completed</b><br><br>01/10/2019 |
| <b>Name of Provider or Supplier</b><br><br>Charles Henderson Child Health Center   | <b>Street Address, City, State</b><br><br>1300 Hwy 231 South, Troy, 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>  |
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| <b>D2016</b>              | <p><b>SUCCESSFUL PARTICIPATION</b><br/>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:<br/>Based on an offsite review of CASPER reports (#153/#155), an on-site review of API (American Proficiency Institute) proficiency testing records, and an interview with Testing Personnel #1 (TP #1), also one of two technical consultants, the surveyor determined the laboratory failed to successfully participate in proficiency testing for RBC (Red Blood Cell Count) for two consecutive testing events. These two failures resulted in the laboratory's initial unsuccessful proficiency testing participation. The findings include: 1. A desk review of the CASPER reports revealed the laboratory failed RBC testing for two consecutive testing events, Event #2 and Event #3 of 2018. 2. The CASPER reports revealed and the API proficiency testing records confirmed</p> |

the laboratory scored zero percent (0 %) for the RBC for Event #2, 2018 and 60 % for Event #3. 3. The above noted failures were discussed with TP #1 (also Technical Consultant), as well as the Laboratory Director on 1/10/2019 at approximately 1:30 PM.

**D2130**

**HEMATOLOGY**  
CFR(s): 493.851(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.

This STANDARD is not met as evidenced by:

Based on an offsite review of CASPER reports (#153/#155), an on-site review of API (American Proficiency Institute) proficiency testing records, and an interview with Testing Personnel #1 (TP #1), also one of two technical consultants, the surveyor determined the laboratory failed to perform satisfactorily in RBC (Red Blood Cell Count) proficiency testing for two consecutive testing events, Event #2 and #3 of 2018. These two failures resulted in the laboratory's initial unsuccessful proficiency testing participation. The findings include: 1. A desk review of the CASPER reports revealed the laboratory failed RBC testing for two consecutive testing events, Event #2 and Event #3 of 2018. 2. The CASPER reports revealed and the API proficiency testing records confirmed the laboratory scored zero percent (0 %) for the RBC for Event #2, 2018 and 60 % for Event #3. 3. The above noted failures were discussed with TP #1 (also Technical Consultant), as well as the Laboratory Director on 1/10/2019 at approximately 1:30 PM.