

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  01D2055268	<b>(X3) Date Survey Completed</b>  02/14/2024
<b>Name of Provider or Supplier</b>  Immediate Care Foley	<b>Street Address, City, State</b>  1265 South Mckenzie Street, Foley, 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>D0000</b>	Based on a proficiency testing desk review survey performed on February 14, 2024, the laboratory was found to be out of compliance based on the following CONDITION LEVEL DEFICIENCIES:
<b>D2016</b>	<p>SUCCESSFUL PARTICIPATION 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: Based on surveyor desk review of the laboratory proficiency testing records (graded copies from the AAB-Medical Laboratory Evaluation (MLE) and the CASPER report 0153D/0155D from the Centers for Medicare and Medicaid Services data system) on 2</p>

	<p>/14/2024, the laboratory failed to maintain satisfactory performance in four of seven testing events (2021-Event 3, 2022-Event 2 and 2023-Events 2 &amp; 3) resulting in unsuccessful participation for Platelets analyte. Refer to D2130.</p>
<p><b>D2130</b></p>	<p><b>HEMATOLOGY</b> CFR(s): 493.851(f)</p> <p>Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor desk review of the laboratory proficiency testing records (graded copies from the AAB-MLE and CASPER reports 0153D/0155D from the Centers for Medicare and Medicaid Services data system) on 2/14/2024, the laboratory failed to achieve satisfactory performance for Platelets in four of seven testing events in 2023. Findings include: 1. A review of the laboratory records from the the CMS CASPER reports 0153D/0155D revealed the laboratory scored the following for Platelets: Year 2021 - 3rd Event: 60% Year 2022 - 2nd Event: 60% Year 2023 - 2nd Event: 20% Year 2023 - 3rd Event: 60% 2. A review of the AAB-MLE proficiency testing records confirmed the laboratory received the above results.</p>
<p><b>D6000</b></p>	<p><b>MODERATE COMPLEXITY LABORATORY DIRECTOR</b> CFR(s): 493.1403</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.</p> <p>This CONDITION is not met as evidenced by: Based on surveyor desk review of the laboratory proficiency testing records (graded copies from the AAB-MLE and CASPER reports 0153D/0155D from the Centers for Medicare and Medicaid Services data system) on 2/14/2024, the laboratory director failed to provide overall management and direction of laboratory services as required under Subpart H. Refer to D6016.</p>
<p><b>D6016</b></p>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(i)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(i) Ensure that the proficiency testing samples are tested as required under Subpart H of this part;</p> <p>This STANDARD is not met as evidenced by: Based on surveyor desk review of the laboratory proficiency testing records (graded copies from the AAB-MLE and CASPER report 0153D/0155D from the Centers for</p>

Medicare and Medicaid Services data system) on 2/14/2024, the laboratory director failed to ensure successful participation in an HHS approved proficiency program. Refer to D2130.