

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0049984	(X3) Date Survey Completed 01/22/2018
Name of Provider or Supplier Stone County Medical Center	Street Address, City, State 2106 East Main Street, Mountain View, AR	
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	<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 review of 2017 CMS Casper Reports 155D, 153D and the American Proficiency Institute(API) proficiency testing results, it was determined the Laboratory failed to have successful participation in proficiency testing for compatibility testing as evidenced by: Failure to attain a testing event score of at least 100 percent in compatibility testing is unsatisfactory performance as cited at 2173.</p>
D2173	<p>COMPATIBILITY TESTING CFR(s): 493.863(a)</p>

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 review of 2017 CMS Casper Reports 155D, 153D and the American Proficiency Institute(API) proficiency testing results, it was determined the Laboratory failed to have successful participation in two out of three proficiency testing events for compatibility testing which is unsuccessful performance as evidenced by: A. The Laboratory received a score of 80% for compatibility testing in the third proficiency testing event of 2017. B. The Laboratory received a score of 80% for compatibility testing in the second proficiency testing event of 2017.

D6076

LABORATORY DIRECTOR

CFR(s): 493.1441

The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart.

This CONDITION is not met as evidenced by:

. Based on a review of the 2017 proficiency testing results, it was determined the Laboratory Director failed to ensure that corrective actions are followed when proficiency testing results are unacceptable, and failed to provide overall management and directions as cited at: D6092: Failure to ensure corrective action is followed when proficiency testing events are unacceptable.

D6092

LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1445(e)(4)(iv)

The laboratory director must ensure an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable or unsatisfactory.

This STANDARD is not met as evidenced by:

. Based on review of 2017 CMS Casper Reports 155D, 153D and American Proficiency Institute proficiency testing results, it was determined the Laboratory Director failed to ensure that corrective action is followed when proficiency testing results are unacceptable as cited at D2173.