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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br>04D0465498     | <b>(X3) Date Survey Completed</b><br>05/28/2020 |
| <b>Name of Provider or Supplier</b><br>Ouachita County Medical Center  | <b>Street Address, City, State</b><br>638 California Avenue Sw, Camden, AR |   |
| 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 review of 2019 and 2020 CMS Casper Reports 0155 D, 0153 D, and the College of American Pathologist (CAP) proficiency testing results, it was determined the laboratory failed to have initial successful participation in proficiency testing in the Sub-Specialty of Endocrinology and the analyte Thyroid Stimulating Hormone (TSH) as evidence by: Failure to achieve an overall testing event score of satisfactory performance for two consecutive testing events or two out of three consecutive testing events is unsuccessful performance as cited at D 2099 and D 2017.</p> |
| <b>D2099</b>              | <b>ENDOCRINOLOGY</b>  |

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|                     | <p>CFR(s): 493.843(b)</p> <p>Failure to attain an overall testing event score of at least 80 percent is unsatisfactory performance.</p> <p>This STANDARD is not met as evidenced by:<br/> . Based on review of 2019 and 2020 CMS Casper Reports 0155 D and 0153 D and CAP proficiency testing results, it was determined the Laboratory failed to have satisfactory participation in proficiency testing for the Sub-specialty of Endocrinology as evidenced by: A. The laboratory received an overall score of 50% in second proficiency testing event of 2019 for the Sub-Specialty of Endocrinology. B. The laboratory received an overall score of 60% in the first proficiency testing event of 2020 for the Sub-specialty of Endocrinology.</p>   |
| <p><b>D2107</b></p> | <p><b>ENDOCRINOLOGY</b><br/> CFR(s): 493.843(f)</p> <p>Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing events or two out of three consecutive testing events is unsuccessful performance.</p> <p>This STANDARD is not met as evidenced by:<br/> . Based on review of 2019 and 2020 CMS Casper Reports 0153 D, 0155 D and CAP proficiency testing results, it was determined the Laboratory failed to achieve satisfactory performance for Thyroid Stimulating Hormone (TSH) in two of three proficiency testing events which is unsuccessful performance as evidenced by: A. The laboratory received a score of 0% in second proficiency testing event of 2019 for the analyte TSH. D. The laboratory received a score of 60% in the first proficiency testing event of 2020 for the analyte TSH.</p> |
| <p><b>D6076</b></p> | <p><b>LABORATORY DIRECTOR</b><br/> CFR(s): 493.1441</p> <p>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.</p> <p>This CONDITION is not met as evidenced by:<br/> . Based on review of 2019 and 2020 proficiency testing reports, it was determined the Laboratory Director failed to ensure that corrective action was effective and failed to provide overall management and direction as cited at: D 6092: Failure to ensure that corrective action was effective.</p>   |
| <p><b>D6092</b></p> | <p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b><br/> CFR(s): 493.1445(e)(4)(iv)</p> <p>The laboratory director must ensure an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable or unsatisfactory.</p>   |

This STANDARD is not met as evidenced by:

. Based on review of 2019 and 2020 proficiency testing scores, it was determined the laboratory director failed to ensure the correction action followed for the unsatisfactory performance for the Sub-Specialty of Endocrinology, and the analyte TSH corrected the problem. As Cited at D 2099 and D 2107.