

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0261672	(X3) Date Survey Completed 09/14/2022
Name of Provider or Supplier Chatuge Regional Hosp & Nursing Home	Street Address, City, State 110 Main Street, Hiawassee, GA	
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
D0000	A proficiency testing desk review was completed on September 14, 2022. At the time of the review, the laboratory was not in compliance with the Clinical Laboratory Improvement Amendments of 1988, 42 CFR 493.1 through 42 CFR 493.1780. The following deficiencies were cited:
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 proficiency testing desk review using the Centers for Medicare and Medicaid (CMS) Casper Reports 155 and 153 and review of the laboratory's proficiency testing (PT) reports, the laboratory failed to maintain satisfactory performance in two of three consecutive events (3rd event of 2021 and 2nd event of</p>

2022), resulting in the first unsuccessful occurrence for Chemistry # 0245 including: Total Bilirubin (TBIL) # 305 and P02 Blood Gas # 325. Findings include: Refer to D 2096

D2096

ROUTINE CHEMISTRY
CFR(s): 493.841(f)

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.

This STANDARD is not met as evidenced by:
Based on proficiency testing desk review using the Centers for Medicare and Medicaid (CMS) Casper Reports 155 and 153 and review of the laboratory's proficiency testing (PT) reports, the laboratory failed to maintain satisfactory performance in two of three events (3rd event of 2021 and 2nd event of 2022), resulting in the first unsuccessful performance for T.Bili, analyte # 305 and P02 Blood Gas analyte #325. Findings include: 1. Desk review of Casper Reports 153 and 155 disclosed the laboratory failed analyte # 305 T.Bili on event 3 of 2021 with a score of 40% and event 2 of 2022 with a score of 40%. 2. Desk review of Casper Reports 153 and 155 disclosed the laboratory failed analyte # 325 P02 Blood Gas on event 3 of 2021 with a score of 60% and event 2 of 2022 with a score of 60%. 2. Desk review of the laboratory's proficiency testing reports from American Proficiency Institute (API) confirmed the laboratory failed the aforementioned analytes on Event 3 of 2021 and Event 2 of 2022 resulting in the first unsuccessful performance.

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 proficiency testing desk review using the Centers for Medicare and Medicaid (CMS) Casper Reports 155 and 153 and review of the laboratory's proficiency testing (PT) reports, the laboratory director failed to ensure the laboratory maintained satisfactory performance in two of three consecutive events (3rd event of 2021 and 2nd event of 2022), resulting in the first unsuccessful occurrence for T.Bili #305 and P02 #325. Findings include: See D6089

D6089

LABORATORY DIRECTOR RESPONSIBILITIES
CFR(s): 493.1445(e)(4)(i)

The laboratory director must ensure the proficiency testing samples are tested as required under subpart H of this part.

This STANDARD is not met as evidenced by:
Based on a desk review of the Centers for Medicare and Medicaid Casper Report 155D and 153D (CMS 155 and 153) and review of the laboratory's 2021 and 2022

proficiency testing (PT) evaluation reports from the American Proficiency Institute (API) , the laboratory director failed to ensure the laboratory maintained satisfactory performance in two of three proficiency testing events for T.Bili #305 and P02 #325 resulting in the first unsuccessful PT occurrence. The findings included: 1. Desk review of Casper Reports 153 and 155 disclosed the laboratory failed analyte # 305 T. Bili on event 3 of 2021 with a score of 40% and event 2 of 2022 with a score of 40%. 2. Desk review of Casper Reports 153 and 155 disclosed the laboratory failed analyte # 325 P02 Blood Gas on event 3 of 2021 with a score of 60% and event 2 of 2022 with a score of 60%. 2. Desk review of the laboratory's proficiency testing reports from American Proficiency Institute (API) confirmed the laboratory failed the aforementioned analytes on Event 3 of 2021 and Event 2 of 2022 resulting in the first unsuccessful performance.