

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0706096	<b>(X3) Date Survey Completed</b>  06/10/2021
<b>Name of Provider or Supplier</b>  Laurens County Health Department	<b>Street Address, City, State</b>  654 County Farm Road, Dublin, GA	
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>	A proficiency testing desk review was completed on June 10, 2021. 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:
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> 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 four (4) of five (5) consecutive events (3rd event of 2019, 2nd &amp; 3rd</p>

	<p>events of 2020, and 1st event 2021), resulting in the second unsuccessful occurrence for bacteriology #0005. Findings include: Refer to D2021</p>
<p><b>D2021</b></p>	<p><b>BACTERIOLOGY</b> CFR(s): 493.823(b)</p> <p>Failure to participate in a testing event is unsatisfactory performance and results in a score of 0 for the testing event. Consideration may be given to those laboratories failing to participate in a testing event only if-- (1) Patient testing was suspended during the time frame allotted for testing and reporting proficiency testing results; (2) The laboratory notifies the inspecting agency and the proficiency testing program within the time frame for submitting proficiency testing results of the suspension of patient testing and the circumstances associated with failure to perform tests on proficiency testing samples; and (3) The laboratory participated in the previous two proficiency testing events.</p> <p>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 American Association of Bioanalyst (AAB) proficiency testing (PT) report, the laboratory failed to participate in four of five consecutive PT events (event #3 2019, events # 1, 2, 3 2020, event #1 2021) which resulted in the 2nd unsuccessful occurrence for Bacteriology. Findings include: 1. Desk review of Casper Reports 153 and 155 disclosed the laboratory failed the subspecialty of Bacteriology # 0005 on events #3 of 2019, # 2,3 of 2020, and #1 of 2021 with scores of 0% on all events. 2. Desk review of the laboratory's proficiency testing reports from AAB confirmed the laboratory failed Bacteriology on the aforementioned events and revealed the 0% scores were for failure to participate. This resulted in the second unsuccessful performance.</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: The laboratory director failed to maintain compliance with successful (American Association of Bioanalyst (AAB)) bacteriology proficiency testing (PT) for four of five consecutive events and failed to ensure the laboratory participated in PT on 2021 event 1, resulting in the second unsuccessful PT occurrence for Bacteriology. 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</p>

director must-- (e)(4)(i) Ensure that 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 155 (CMS 155) and the laboratory's 2019, 2020 and 2021 proficiency testing (PT) evaluation reports, the laboratory director failed to ensure the laboratory maintained satisfactory performance for four of five consecutive proficiency testing events for Bacteriology #0005 resulting in the second unsuccessful PT occurrence for bacteriology. Findings include: 1. Review of the CMS 155 revealed the following unsatisfactory bacteriology scores: 2019 event three 0%, 2020 event two 0%, event three 0%, and 2021 event one 0%. 2. Review of the 2019 event three; 2020 events two, and three; and 2020 event one American Association of Bioanalyst (AAB) evaluation report revealed no data submitted.