

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0858571	<b>(X3) Date Survey Completed</b>  02/22/2023
<b>Name of Provider or Supplier</b>  Oncology Hematology Care Center Incorporate	<b>Street Address, City, State</b>  501 Riverside Drive, Waycross, 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 February 22, 2023. 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 condition deficiencies were cited: D2016 - 42 CFR 493.803 Condition: Successful participation [proficiency testing] D6000 - 42 CFR 493.1403 Condition: Moderate Complex Laboratory Director
<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 review of the CMS Casper 153 and 155 reports and review of Medical Laboratory Evaluation (MLE) reports, the laboratory failed to maintain satisfactory</p>

proficiency testing (PT) performance for automated hemoglobin (HGB) and red blood cell (RBC) in 2022 events 1 and 3, resulting in the initial unsuccessful performance for HGB and RBC. Refer to D2130

**D2130**

**HEMATOLOGY**  
CFR(s): 493.851(f)

Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.

This STANDARD is not met as evidenced by:

Based on review of the Centers for Medicare and Medicaid (CMS) Casper 153 and 155 reports and review of Medical Laboratory Evaluation (MLE) reports, the laboratory director failed to ensure the laboratory maintained satisfactory performance in two of three testing events (1st and 3rd events of 2022), resulting in the initial unsuccessful performance for hemoglobin (HGB), and red blood cell count (RBC).

Findings: 1. A review of Casper Reports 153 and 155 disclosed the laboratory failed HGB on the following: 2022 Event 1 HGB Score 60% 2022 Event 3 HGB Score 20%  
2. A review of Casper Reports 153 and 155 disclosed the laboratory failed RBC on the following: 2022 Event 1 WBC Score 40% 2022 Event 3 WBC Score 0% 3.

**D6000**

**MODERATE COMPLEXITY LABORATORY DIRECTOR**  
CFR(s): 493.1403

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.

This CONDITION is not met as evidenced by:

Based on review of the Centers for Medicare and Medicaid (CMS) Casper 153 and 155 reports and review of Medical Laboratory Evaluation (MLE) reports, the laboratory director failed to ensure the laboratory maintained satisfactory performance in two of three testing events (1st and 3rd events of 2022), resulting in the initial unsuccessful performance for hemoglobin (HGB), and red blood cell count (RBC).

Refer to D6016

**D6016**

**LABORATORY DIRECTOR RESPONSIBILITIES**  
CFR(s): 493.1407(e)(4)(i)

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;

This STANDARD is not met as evidenced by:

Based on review of the Centers for Medicare and Medicaid (CMS) Casper Reports 153 and 155 and the Medical Laboratory Evaluation (MLE) 2022 proficiency testing (PT) evaluation reports, the laboratory director failed to maintain compliance with

successful red blood cell (RBC) and hemoglobin (HGB) proficiency testing (PT) for two of three events in 2022, resulting in the initial unsuccessful performance for RBC and HGB. Refer to D2130