

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0975982	(X3) Date Survey Completed 07/22/2024
Name of Provider or Supplier Middle Georgia Chest & Medical Center, Llc	Street Address, City, State 1209 N Columbia Dr, Milledgeville, 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 July 22, 2024. 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
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (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. This CONDITION is not met as evidenced by: Based on review of the Centers for Medicare and Medicaid (CMS) CASPER 155 report and review of the American Proficiency Institute (API) reports, the laboratory

	failed to successfully participate in proficiency testing (PT) in 4 consecutive events for white blood cell differential (WBC Diff) resulting in the subsequential non- initial unsuccessful participation for WBC Diff. Refer to D 2130
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 the review of the CMS CASPER 155 report and American Proficiency Institute (API) proficiency testing (PT) reports, the laboratory failed to demonstrate satisfactory performance in 4 of 4 testing events for White Blood Cell Differential (WBC Diff) for the year 2023 - 2024. Findings: 1.A review of Report 155 revealed the laboratory failed to score at least 80% for the analyte WBC Diff during the following events: 2023 Event 1 Score 53% 2023 Event 2 Score 67% 2023 Event 3 Score 53% 2024 Event 1 Score 33% 2.A review of the API reports revealed and confirmed the following WBC Diff PT scores: 2023 Event # 1 Total WBC Diff score- 53% Lymphocyte- 20% Monocyte - 40% 2023 Event # 2 Total WBC Diff score- 67% Lymphocyte - 40% Monocyte- 60% 2023 Event # 3 Total WBC Diff score - 53% Lymphocyte- 20% Monocyte-40% 2024 Event # 1 Total WBC Diff score - 33% Lymphocyte- 20% Monocyte-40% Granulocytes-40%
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 CMS CASPER 155 report and review of the API reports, the laboratory director failed to provide overall management and direction for successful participation in PT. The laboratory director failed to ensure PT samples were tested as required. 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 CMS CASPER Report 155 and the API 2023 events 1, 2, and 3; 2024 event 1 PT evaluation reports, the laboratory director failed to ensure successful PT participation in 4 consecutive testing events. Refer to D 2130