

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 11D0978582	<b>(X3) Date Survey Completed</b> 02/14/2023
<b>Name of Provider or Supplier</b> Optim Medical Center - Tattnall	<b>Street Address, City, State</b> 247 South Main Street, Reidsville, 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 recertification survey was performed on February 14, 2023. The facility was found to be NOT in compliance with all applicable CLIA requirements for specialties /subspecialties for 42 CFR.
<b>D2123</b>	<p>HEMATOLOGY CFR(s): 493.851(c)</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 review of Proficiency Testing (PT) documents from American Proficiency Institute (API), and confirmed by staff interview the laboratory failed to submit their testing scores for the 2021, 2nd event for specialty Hematology, subspecialty Complete Blood Count (CBC). Findings: 1. A review of the API PT documents confirmed the laboratory failed to submit the results for the 2nd event of 2021 Specialty-Hematology, Subspecialty-CBC. 2. Interview with the Laboratory General Supervisor (LGS) , on 02/14/2023 in the hospital conference room, at approximately 11am , confirmed the above aftermentioned statement.</p>
<b>D6017</b>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(ii)</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 director must-- (e)(4)(ii) Ensure that results are returned within the timeframes established by the proficiency testing program.

This STANDARD is not met as evidenced by:

Based on review of Proficiency Testing (PT) documents from American Proficiency Institute (API), and confirmed by staff interview, the Laboratory Director (LD) failed to ensure that results for 2021, 2nd event, Specialty-Hematology , Subspecialty-Complete Blood Count (CBC) was submitted within the time frames established by the PT program. Findings: 1. Review of the APT PT evaluation report of the results for 2021, 2nd event for CBC, the laboratory received a score of 0%, due to non-participation. 2. Staff interview with the Laboratory Manager (LM), on 2/14/ 2023 at approximately 1pm, in the hospital conference room, confirmed the above aforementioned statement. The LM also stated that she was unaware that the results entered in the API system did not transmit. The LD had been notified as soon as they received the evaluation report with the score of 0%.