

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D1068105	(X3) Date Survey Completed 02/24/2022
Name of Provider or Supplier St Marys Health Care System	Street Address, City, State 2470 Daniels Bridge Road Building 300, Athens, 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 February 24, 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 three of three consecutive events (1st, 2nd, and 3rd events of 2021),</p>

resulting in the first unsuccessful occurrence for Routine Chemistry #245; PH blood gas #315. Two of three events (2021 events 2 and 3) for Routine chemistry #245; P02 blood gas #325, PC02 blood gas #335. Findings include: Refer to D 2130

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 three of three events (1st, 2nd, 3rd event of 2021) resulting in the first unsuccessful performance for PH blood gas #315; two of three events of 2021 (2nd and 3rd events) resulting in the first unsuccessful performance for P02 blood gas #325 and PC02 blood gas #335. Findings include: 1. Desk review of Casper Reports 153 and 155 disclosed the laboratory failed analyte # 315 PH blood gas on event 1 of 2021 with a score of 40% and events 2 and 3 of 2021 with a score of 0%; #325 P02 blood gas and #335 PC02 blood gas 2021 events 2 and 3 with a score of 0%. 2. Desk review of the laboratory's proficiency testing reports from College of Pathologists/ Excel confirmed the laboratory failed the aforementioned analytes and 2021 events resulting in the first unsuccessful performance.

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 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 three of three events (1st, 2nd, 3rd event of 2021) resulting in the first unsuccessful performance for PH blood gas #315; two of three events of 2021 (2nd and 3rd events) resulting in the first unsuccessful performance for P02 blood gas #325 and PC02 blood gas #335. Findings include: Refer to D 6016

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 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 three of three events (1st, 2nd, 3rd event of 2021) resulting in the first unsuccessful performance for PH blood gas #315; two of three events of 2021 (2nd and 3rd events) resulting in the first unsuccessful performance for P02 blood gas #325 and PC02 blood gas #335. Findings include: 1. Desk review of Casper Reports 153 and 155 disclosed the laboratory failed analyte # 315 PH blood gas on event 1 of 2021 with a score of 40% and events 2 and 3 of 2021 with a score of 0%; #325 P02 blood gas and #335 PC02 blood gas 2021 events 2 and 3 with a score of 0%. 2. Desk review of the laboratory's proficiency testing reports from College of Pathologists/ Excel confirmed the laboratory failed the aforementioned analytes and 2021 events resulting in the first unsuccessful performance.