

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D2091367	<b>(X3) Date Survey Completed</b>  06/25/2024
<b>Name of Provider or Supplier</b>  Select Interventional Pain, Pc	<b>Street Address, City, State</b>  794 McDonough Road, Suite 108, Jackson, 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 June 25, 2024. The facility was found to be NOT in compliance with all applicable CLIA requirements for specialties /subspecialties for 42 CFR.
<b>D2009</b>	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on review of American Proficiency Institute (API) proficiency test (PT) records and interview with the laboratory testing personnel (TP) , the lab director (LD) failed to attest that PT samples were tested in the same manner as patient specimens. Findings: 1. Review of the 2023 &amp; 2024 PT records revealed the LD failed to sign the attestation statements for 2023 events #1 and #2 and 2024 event #1. 2. Interview with TP #1 (CMS 209) on 6/25/24 at 11:40 AM in the 1st office on the left confirmed the aforementioned finding.</p>
<b>D2096</b>	<p>ROUTINE CHEMISTRY CFR(s): 493.841(f)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of API PT result documents and TP interview, the laboratory failed</p>

	<p>to maintain satisfactory performance in two consecutive testing events (2nd event of 2022 and 1st event of 2023), resulting in the first unsuccessful performance for urine pH. Findings include: 1. Review of API PT result documents revealed the laboratory failed: 2022 event #2 pH score of 67% 2023 event #1 pH score of 67% 2. Interview with the TP #1 (CMS 209) on 6/27/24 at 11:40 AM in the 1st office on the left, confirmed the aforementioned findings.</p>
<p><b>D5447</b></p>	<p><b>CONTROL PROCEDURES</b> CFR(s): 493.1256(d)(3)(i)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- At least once a day patient specimens are assayed or examined perform the following for-- Each quantitative procedure, include two control materials of different concentrations; (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on quality control (QC) document review and testing personnel (TP) interview, the lab failed to monitor the accuracy and precision of test performance for pH. Findings: 1. Review of the QC for 2023-2024 revealed the laboratory stopped testing pH in October 2023. 2. Review of the manufacturer package insert for Methadone revealed the urine sample must have a known pH between 3 to 11. 3. Interview with TP #1 (CMS 209) on 6/25/24 at 11:13 AM in the 1st office on the left confirmed the laboratory has stopped testing pH.</p>
<p><b>D6092</b></p>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(4)(iv)</p> <p>The laboratory director must ensure an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable or unsatisfactory.</p> <p>This STANDARD is not met as evidenced by: Based on review of API PT result documents and TP interview, the laboratory director failed to ensure the laboratory followed written procedure to correct 2 consecutive failures for urine pH. Findings: 1. Review of API PT result documents revealed the laboratory failed: 2022 event #2 pH score of 67% 2023 event #1 pH score of 67% 2. Review of the documented corrective actions revealed the source of the PT failures were not resolved. pH testing was ceased and creatinine testing was started. Methadone Assay sheet revealed sample pH of 3 - 11 was required. 3. Interview with the TP #1 (CMS 209) on 6/27/24 at 11:40 AM in the 1st office on the left, confirmed the findings above.</p>