

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  16D0386618	<b>(X3) Date Survey Completed</b>  10/13/2020
<b>Name of Provider or Supplier</b>  Compass Memorial Healthcare	<b>Street Address, City, State</b>  300 West May Street, Marengo, IA	
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>D2179</b>	<p>COMPATIBILITY TESTING CFR(s): 493.863(d)</p> <p>(1) For any unsatisfactory testing event for reasons other than a failure to participate, the laboratory must undertake appropriate training and employ the technical assistance necessary to correct problems associated with a proficiency testing failure. (2) For any unsatisfactory testing event score, remedial action must be taken and documented, and the documentation must be maintained by the laboratory for two years from the date of participation in the proficiency testing event.</p> <p>This STANDARD is not met as evidenced by: Based on review of 2020 event 2 proficiency testing (PT) records for compatibility testing and confirmed by laboratory personnel identifier #1 (refer to Laboratory Personnel Report CMS-209) at approximately 2:00 pm on 10/13/2020, the laboratory failed to take and document remedial action, including, but not limited to, appropriate training and technical assistance necessary to correct problems associated with the PT failure for compatibility testing for one out of one event (2020 event 2). The findings include: 1. For 2020 event 2, the laboratory received an unsatisfactory PT score of 80 percent (%) for compatibility testing. 2. Review of PT records revealed that the laboratory did not take and document remedial action to correct the problems associated with the PT failure. 3. Laboratory personnel identifier #1 confirmed that the laboratory did not take and document remedial action to correct the problems associated with the PT failure.</p>
<b>D5217</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p>

This STANDARD is not met as evidenced by:

Based on review of proficiency testing (PT) records from 2018-2020, the laboratory test menu and annual volumes form and interview with laboratory personnel identifier #1 (refer to the Form CMS-209, Laboratory Personnel Report), at approximately 1:50 pm on 10/13/2020, the laboratory failed to verify the accuracy of the analyte, C-reactive protein (CRP), at least twice annually for 3 out of 4 time periods from 01/01/2018-12/31/2019. The findings include: 1. According to the laboratory's test menu and volume form and confirmed by laboratory personnel identifier #1, the laboratory performed CRP testing during 2018-2020. 2. Laboratory personnel identifier #1 stated that in June 2018, the laboratory changed test methods and, at that time, stopped its enrollment in a proficiency testing program. 3. Laboratory personnel identifier #1 confirmed that the laboratory did not verify the accuracy of CRP testing from June 2018 through December 31, 2019.