Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	18D0722618	07/01/2026
Name of Provider or Supplier	**Street Address, City, State**	
Carroll County Memorial Hospital Laboratory	309 11th Street, Carrollton, KY	

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 recertification survey was initiated on 06/30/2026 and concluded on 07/01/2026. The facility was found to not be in compliance with the laboratory requirements of 42 CFR Part 493 with standard deficiencies cited.
D2014	TESTING OF PROFICIENCY TESTING SAMPLES (b)(6) The laboratory must document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. The laboratory must maintain a copy of all records, including a copy of the proficiency testing program report forms used by the laboratory to record proficiency testing results including the attestation statement provided by the PT program, signed by the analyst and the laboratory director, documenting that proficiency testing samples were tested in the same manner as patient specimens, for a minimum of two years from the date of the proficiency testing event. This STANDARD is not met as evidenced by: Based on review of Laboratory Policy, review of American Proficiency Institute (API) events for 2024/2025/2026, and confirmed in staff interview, the laboratory failed to have signed attestation forms for 10 of 25 Proficiency testing events. Findings include: Review of the Carroll County Memorial Hospital General Policy, Version 1.9 (director signature review 3/17/2026) titled "Proficiency Testing 1.9" stated: "The laboratory manager signs the attestation sheet of all proficiency testing performed. The medical director must also review and sign the attestation sheet for Transfusion Medicine proficiency testing." Review of the laboratory PT events revealed the following: 2024 Microbiology Kit Two 3rd Event - No Laboratory director or designee signature .2025 Chemistry Core 1st Event - No Laboratory director or designee signature 2025 Chemistry Core 2nd Event - No Laboratory director or designee signature 2025 Hematology/Coagulation 1st Event - No Laboratory director or designee signature 2025 Hematology/Coagulation 2nd Event -No Laboratory director or designee signature 2025 Hematology/Coagulation 3rd Event - No

	Laboratory director or designee signature 2025 Immunology/Immunohematology 1st Event - No Laboratory director signature 2025 Immunology/Immunohematology 2nd Event - No Laboratory director signature 2025 Chemistry Miscellaneous 2nd Event - No Laboratory director or designee signature 2026 Immunology/Immunohematology 1st Event - No Laboratory director signature In an interview on 07/01/2026 at 10:50 AM in the conference room, the Technical Supervisor (TS) was asked if the attestation forms were signed for the PT events. The TS confirmed the attestation results were not signed for the PT events. This confirmed the findings.
D6091	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iii) (e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratorys performance and to identify any problems that require corrective action; and This STANDARD is not met as evidenced by: Based on review of laboratory policy, review of American Proficiency Institute (API) Proficiency testing events for 2024/2025/2026, and confirmed in staff interview, the laboratory failed to evaluate Proficiency testing (PT) events for 9 of 25 events. Findings include: Review of the Carroll County Memorial Hospital General Policy Version 1.9 (director signature review 3/17/2026) titled "Proficiency testing 1.9" stated: "Any proficiency testing failures will be researched as to possible cause and documented on the Unsatisfactory Proficiency Result Investigation form which will be filed in the Proficiency Testing Binder located in the Lab office. Proficiency testing challenges that are intended to be graded are sometimes not graded due to the following reasons: 1. Lack of consensus 2. Laboratory submitted its results after the cut-off date 3. Laboratory did not submit results 4. Laboratory did not submit an appropriate method code. In these cases another procedure should be utilized to assess the lab's performance." Review of 2024, 2025, and 2026 API Proficiency Test Events reviewed the following: 2024 Hematology/Coagulation 3rd Event: Red Cell Count DXH-15 - Unacceptable - no evaluation 2024 Hematology/Coagulation 3rd Event: Hemoglobin DXH-15 - Unacceptable - no evaluation 2024 Hematology/Coagulation 3rd Event: Hematocrit DXH-15 - Unacceptable - no evaluation 2024 Microbiology Kit One 1st Event: Helicobacter HPA-03 - Unacceptable - no evaluation 2024 Microbiology Kit One 1st Event: Helicobacter HPA-04 - Unacceptable - no evaluation 2024 Chemistry Miscellaneous 2nd Event: Urine Microalbumin UC-04 - Unacceptable - no evaluation 2024 Chemistry Miscellaneous 2nd Event: Urine Microalbumin UC-05 - Unacceptable - no evaluation 2024 Chemistry Miscellaneous 2nd Event: Urine Microalbumin UC-06 - Unacceptable - no evaluation 2025 Chemistry Core 1st Event: PSA IA-01 - Unacceptable- no evaluation 2025 Chemistry Core 1st Event: PSA IA-05 - Unacceptable- no evaluation 2025 Chemistry Core 1st Event: Troponin l CM-02 - Unacceptable- no evaluation 2025 Chemistry Core 2nd Event: Acetone ALC-08 - Unacceptable - no evaluation 2025 Chemistry Core 2nd Event: Troponin l CM-10 - Unacceptable - no evaluation 2025 Chemistry Core 2nd Event: LD Cholesterol CH-09 - Unacceptable - no evaluation 2025 Chemistry Core 2nd Event: Valproic Acid CH-06 - Unacceptable - no evaluation 2025 Hematology /Coagulation 2nd Event: Hemoglobin DXH-09 - Unacceptable - no evaluation 2025 Hematology/Coagulation 2nd Event: Hematocrit DXH-09 - Unacceptable - no evaluation 2025 Hematology/Coagulation 2nd Event: Red Cell Count DXH-09 - Unacceptable - no evaluation 2025 Hematology/Coagulation 3rd Event: Hematocrit DXH-11 - Unacceptable - no evaluation 2025 Hematology/Coagulation 3rd Event Red

	Cell County DXH-22 - Unacceptable - no evaluation 2025 Immunology /Immunohematology 1st Event: Antibody Screen SER-05 - Unacceptable - no evaluation 2025 Immunology/Immunohematology 1st Event: Infectious Mononucleosis M-02 - Unacceptable - no evaluation 2025 Chemistry Miscellaneous 1st Event: UDS Barbiturate UDS-01 - Unacceptable - no evaluation 2025 Chemistry Miscellaneous 1st Event: UDS Fentanyl UDS-01 - Not Graded - no evaluation 2025 Chemistry Miscellaneous 1st Event: UDS Fentanyl UDS-02 - Not Graded - no evaluation 2025 Chemistry Miscellaneous 1st Event: UDS Fentanyl UDS-03 - Not Graded - no evaluation In an interview on 07/01/2026 at 10:55 AM in the conference area, the Technical Supervisor (TS) was asked for documentation on the unacceptable /ungraded events. The TS confirmed the events did not have documentation for review. This confirmed the findings.