

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  18D1000478	<b>(X3) Date Survey Completed</b>  02/16/2018
<b>Name of Provider or Supplier</b>  Associate In Physician Services	<b>Street Address, City, State</b>  1325 Andrea Street, Suite 107, Bowling Green, KY	
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>D6019</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(iv)</p> <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)(iv) Ensure that an approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory.</p> <p>This STANDARD is not met as evidenced by: Based on review of Hematology proficiency testing results from Wisconsin State Laboratory Hygiene proficiency testing agency, review of policy and procedure manual, and staff interview on 02/16/2018, the laboratory director failed to ensure corrective action was performed, according to policy, on the certified platelet analyte when found to be unsatisfactory. Findings include: Review of the laboratory's policy and procedure manual revealed the laboratory had a policy for survey specimens testing less than eighty percent. Review of proficiency testing results revealed the laboratory received an unsatisfactory score for the platelet analyte in the first testing event of 2016 and third testing event of 2017. There was no evidence of corrective action performed for either failure. Testing Personnel acknowledged in an interview at 09:45 AM on 02/16/2018, the laboratory director failed to ensure policy was followed and corrective action was performed and documented when testing analytes were found to be unsatisfactory.</p>