

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D2084683	(X3) Date Survey Completed 04/15/2024
Name of Provider or Supplier Baker Direct Medical Care	Street Address, City, State 1345 Hwy 343, Neon, 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	An Initial Certification Survey was conducted on 04/15/2024. The facility was found not to be in compliance with the laboratory requirements of 42 CFR Part 493 with deficiencies cited.
D2009	<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 document review and confirmed in staff interview; the facility failed to ensure attestation statements were signed and dated for 3 (03/2023, 07/2023, and 10/2023) of 4 proficiency testing (PT) events reviewed. Findings included: A review of "WSLH [Wisconsin Laboratory of Hygiene] Proficiency Testing" laboratory proficiency testing records for chemistry/endocrinology PT events administered in March 2023 (with a due date of 03/10/2023), July 2023 (with a due date of 07/07/2023), and October 2023 (with a due date of 10/20/2023) revealed the attestation forms for these events were not signed. During an interview on 04/15/2024 at 12:20 PM, the Technical Consultant acknowledged the attestation forms were not signed as required.</p>