

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  18D2141611	<b>(X3) Date Survey Completed</b>  10/29/2021
<b>Name of Provider or Supplier</b>  First Choice Immediate Care	<b>Street Address, City, State</b>  197 Will Walker Road, Columbia, 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>D2128</b>	<p>HEMATOLOGY CFR(s): 493.851(e)</p> <p>(1) For any unsatisfactory analyte or test performance or 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 unacceptable analyte or 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 staff interview and record review on 10/29/2021, the laboratory director failed to write a corrective action for the proficiency test results for one (1) out of two (2) events for 2021. Findings include: 1. The laboratory scored a forty percent (40%) for the White Blood Cell Count (WBC) and a forty percent (40%) for the Red Blood Cell Count (RBC) for the second (2nd) event of American Proficiency Institute (API) of 2021. Record review revealed that the laboratory failed to document a corrective action for that event. 2. The testing staff acknowledged in an interview at 11:15 AM on 10/29/2021 that the laboratory director failed to establish a system to ensure proficiency testing results had an acceptable corrective action when required.</p>
<b>D6054</b>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year.</p>

This STANDARD is not met as evidenced by:

Based on staff interview and record review on 10/29/2021, the technical consultant failed to perform and document annual competency assessments from 01/01/2021 through 10/28/2021. Findings include: 1. Review of personnel files failed to include annual competency assessments for eleven (11) out of eleven (11) testing personnel for 2020 and five (5) out of eleven (11) testing personnel between 01/01/2021 and 10/28/2021. 2. Staff acknowledged in an interview on 10/29/2021 at 1025 AM. the technical consultant failed to have a system in place to ensure competency assessments were performed on all testing personnel annually.