Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 19D0461133	**(X3) Date Survey Completed** 08/01/2023
Name of Provider or Supplier Acadia-St Landry Hospital Pathology	**Street Address, City, State** 810 South Broadway Street, Church Point, LA	
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 offsite PT Desk Review was performed on August 1, 2023 at Acadia St Landry Hospital - Laboratory, 19D00461133, was found not in compliance with the following CONDITION LEVEL DEFICIENCIES: 42 CFR 493.803 CONDITION: Successful Participation 42 CFR 493.1441 CONDITION: Laboratory Director, High Complexity
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history. This CONDITION is not met as evidenced by: Based on review of laboratory's American Proficiency Institute proficiency testing records, CASPER 153D & 155D report the laboratory failed to successfully perform in two of three consecutive Compatilbilty Testing proficency testing events in 2022-2023. Findings: 1. The laboratory failed to achieve a satisfactory score of 100% for

	two (2) of three (3) consecutive proficiency testing events in 2022-2023 resulting in an initial unsuccessful performance for Compatibility Testing. Refer to D2181.
D2181	COMPATIBILITY TESTING CFR(s): 493.863(e) Failure to achieve an overall testing event score of satisfactory for two consecutive testing events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on review of the laboratory's proficiency testing records from American Proficiency Institute (API) and the CASPER 153D & 155D reports, the laboratory failed to achieve a satisfactory score of 100% for two (2) of three (3) consecutive proficiency testing events in 2022-2023 resulting in an initial unsuccessful performance for Compatibility Testing. Findings: 1. Review of the CASPER 153D & 155D report revealed the laboratory received the following scores of less than 100% for Compatibility Testing for the following two (2) of three (3) consecutive proficiency testing events: a) 2022 event 2 for Compatibility Testing: score of 80% b) 2023 event 1 for Compatibility Testing: score of 80% 2. Review of the laboratory's American Proficiency Institute (API) proficiency testing records revealed the laboratory received the following scores for Compatibility Testing: a) API 2022 Immunology/Immunohematology 2nd event: sample SER-08 (unacceptable) b) API 2023 Immunology/Immunohematology 1std event: sample SER-05 (unacceptable)
D6076	LABORATORY DIRECTOR CFR(s): 493.1441 The laboratory must have a director who meets the qualification requirements of 493. 1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart. This CONDITION is not met as evidenced by: Based on record review and interview with personnel, the Laboratory Director failed to provide overall management and direction for the laboratory. Refer to D6089
D6089	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(i) The laboratory director must ensure the proficiency testing samples are tested as required under subpart H of this part. This STANDARD is not met as evidenced by: Based on record review, the laboratory director failed to ensure that proficiency testing scores achieved satisfactory performance as required. Findings: 1. The the laboratory failed to achieve a satisfactory score of 100% for two (2) of three (3) consecutive proficiency testing events in 2022-2023 resulting in an initial unsuccessful performance for Compatibility Testing. Refer to D2181.