

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0461975	(X3) Date Survey Completed 10/17/2022
Name of Provider or Supplier Allen Parish Hospital Lab	Street Address, City, State 108 6th Avenue, Kinder, 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	A PT Desk Review was performed for Allen Parish Hospital, CLIA #19D0461975 on October 16, 2022. Allen Parish Hospital was found not in compliance with the following CONDITION LEVEL DEFICIENCIES: 42 CFR 493.803 CONDITION: Successful Participation 42 CFR 493.1441 CONDITION: Laboratories performing high complexity testing; Laboratory Director
D2016	<p>SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c)</p> <p>(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.</p> <p>This CONDITION is not met as evidenced by: Based on review of proficiency testing results from the CASPER 155D form and proficiency testing evaluation from American Proficiency Institute, the laboratory failed to successfully perform in proficiency testing as evidenced by: 1. The</p>

	<p>laboratory failed to achieve a satisfactory score for four (4) of eight (8) Proficiency Testing events resulting in a non-initial unsuccessful participation for Compatibility Testing. Refer to D2181.</p>
<p>D2181</p>	<p>COMPATIBILITY TESTING CFR(s): 493.863(e)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of the CASPER 155D report and proficiency testing evaluation from American Proficiency Institute, the laboratory failed to achieve a satisfactory score of 100% for four (4) of eight (8) Proficiency Testing events resulting in a non-initial unsuccessful performance for Compatibility Testing. Findings: 1. Review of the CASPER 155D report revealed the laboratory received the following scores of less than 100% for Compatibility Testing for the following four (4) of eight (8) consecutive testing events: a) 2020 event 1 for Compatibility Testing: score of 80% a) 2020 event 3 for Compatibility Testing: score of 80% b) 2021 event 3 for Compatibility Testing: score of 60% c) 2022 event 2 for Compatibility Testing: score of 60% 2. Proficiency test evaluation were reviewed electronically on October 12, 2022 through American Proficiency Testing Institute's paperless proficiency testing to verify the above scores reported.</p>
<p>D6076</p>	<p>LABORATORY DIRECTOR CFR(s): 493.1441</p> <p>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.</p> <p>This CONDITION is not met as evidenced by: Based on review of the CASPER 155D report for proficiency testing, the Laboratory Director failed to provide overall management and direction for the laboratory. Findings: 1. The Laboratory Director failed to ensure proficiency samples are tested as required. Refer to D6089.</p>
<p>D6089</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(i)</p> <p>The laboratory director must ensure the proficiency testing samples are tested as required under subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of the CASPER155D report for proficiency testing, the Laboratory Director failed to ensure proficiency samples are tested as required. Findings: 1. The laboratory failed to achieve a satisfactory score for four (4) of eight (8) consecutive testing events resulting in a non-intial unsuccessful performance for 2020, 2021 and 2022. Refer to D2181.</p>