

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0464416	(X3) Date Survey Completed 08/17/2020
Name of Provider or Supplier Northeast Louisiana Health Center	Street Address, City, State 256 Hwy 3048, Rayville, 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 on August 17, 2020 for Northeast Louisiana Health Center - 19D0464416 was found not in compliance with the following CONDITION LEVEL DEFICIENCIES: 42 CFR 493.803 CONDITION: Successful Participation 42 CFR 493.807 CONDITION: Reinstatement of laboratories performing nonwaived testing 42 CFR 493.1403 CONDITION: Laboratories performing moderate 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 (PT) results from the CASPER 155D report, the laboratory failed to successfully participate in proficiency testing for Hematology.</p>

	<p>Findings: 1. The laboratory failed to attain a score of at least 80% for all Hematology analytes. Refer to D2121. 2. The laboratory failed to achieve an overall score of at least 80% for three of four consecutive testing events in the specialty of Hematology. Refer to D2131.</p>
<p>D2017</p>	<p>REINSTATEMENT OF NONWAIVED LABORATORIES CFR(s): 493.807(a)(b)</p> <p>(a) If a laboratory's certificate is suspended or limited or its Medicare or Medicaid approval is cancelled or its Medicare or Medicaid payments are suspended because it fails to participate successfully in proficiency testing for one or more specialties, subspecialties, analyte or test, or voluntarily withdraws its certification under CLIA for the failed specialty, subspecialty, or analyte, the laboratory must then demonstrate sustained satisfactory performance on two consecutive proficiency testing events, one of which may be on site, before CMS will consider it for reinstatement for certification and Medicare or Medicaid approval in that specialty, subspecialty, analyte or test. (b) The cancellation period for Medicare and Medicaid approval or period for suspension of Medicare or Medicaid payments or suspension or limitation of certification under CLIA for the failed specialty, subspecialty, or analyte or test is for a period of not less than six months from the date of cancellation, limitation or suspension of the CLIA certificate.</p> <p>This CONDITION is not met as evidenced by: Based on review of the CASPER 0155D report, the laboratory failed to achieve a satisfactory score for the specialty of Hematology for three (3) of four (4) proficiency testing events resulting in non-initial unsuccessful participation. Refer to D2131.</p>
<p>D2121</p>	<p>HEMATOLOGY CFR(s): 493.851(a)</p> <p>Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event.</p> <p>This STANDARD is not met as evidenced by: Based on review of the CASPER 0155D Report, the laboratory failed to attain a score of at least 80% for all Hematology analytes. Findings: 1. Review of the CMS 155D records revealed the laboratory did not achieve a score of at least 80% for analytes in the second event in 2020 for the specialty of Hematology for the following: a) The laboratory received a score of 73% for White Blood Cell Differential (WBC DIFF) b) The laboratory received a score of 20% for White Blood Cell (WBC) c) The laboratory received a score of 60% for Platelets (PLT)</p>
<p>D2131</p>	<p>HEMATOLOGY CFR(s): 493.851(g)</p> <p>Failure to achieve an overall testing event score of satisfactory performance 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:</p>

	<p>Based on review of the CASPER Report 0155D, the laboratory failed to achieve an overall score of at least 80% for three of four consecutive testing events in the specialty of Hematology. Findings: 1. Review of the Casper Report 0155D revealed the laboratory received an overall score of less than 80% for the following three consecutive events in Hematology: a) 2019 Event 2: Score of 0% for Hematology b) 2019 Event 3: Score of 0% for Hematology c) 2020 Event 2: Score of 75% for Hematology</p>
<p>D6000</p>	<p>MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.</p> <p>This CONDITION is not met as evidenced by: Based on record review, the Laboratory Director failed to provide overall management and direction for the laboratory. Refer to D6016.</p>
<p>D6016</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i)</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)(i) Ensure that 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 record review, the laboratory director failed to ensure that proficiency testing samples are satisfactory as required. Findings: 1. The laboratory failed to attain a score of at least 80% for all Hematology analytes. Refer to D2121. 2. The laboratory failed to achieve an overall score of at least 80% for three of four consecutive testing events in the specialty of Hematology. Refer to D2131.</p>