

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0673263	(X3) Date Survey Completed 10/26/2022
Name of Provider or Supplier East Carroll Parish Hospital	Street Address, City, State 336 North Hood Street, Lake Providence, 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 survey was performed on August 23, 2022. East Carroll Parish Hospital, 19D0673263, was found not in compliance with the following CONDITION LEVEL DEFICIENCIES: 42 CFR 493.803 CONDITION: Successful Participation 42 CFR 493.1403 CONDITION: Laboratory Director, Moderate Complexity
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 CMS-153D, CMS-155D and American Association of Bioanalysts (AAB), the laboratory failed to achieve a score of at least 80% for total bilirubin (tBili) in two of three consecutive events, resulting</p>

	<p>in initial unsuccessful performance as evidenced by: 1. The laboratory failed to achieve satisfactory performance for Lithium in three consecutive events resulting in a non-intial unsuccessful performance. Refer to D2118.</p>
D2096	<p>ROUTINE CHEMISTRY CFR(s): 493.841(f)</p> <p>Failure to achieve satisfactory performance for the same analyte or test in 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 a review of proficiency testing results from the CMS-153, CMS-155D and American Association of Bioanalysts (AAB), the laboratory failed to achieve a score of at least 80% for total bilirubin (tBili) in two of three consecutive events, resulting in initial unsuccessful performance. Findings are: 1. Review of American Association of Bioanalysts (AAB) proficiency testing results and CMS Report 0153D and 0155D revealed the laboratory received unsatisfactory performance for the following two events resulting in the first unsuccessful participation for total bilirubin (tBili): Event 3 of 2021 received a score of 40% Event 1 of 2022 received a score of 100% Event 2 of 2022 received a score of 40%</p>
D6000	<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 and interview with personnel, the Laboratory Director failed to provide overall management and direction for the laboratory. Refer to D6016</p>
D6016	<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 review of the CMS-153D and CMS-155D reports and the College of American Pathologists (CAP) proficiency testing records, the laboratory director failed to ensure that proficiency testing samples are satisfactory as required. Findings: 1. The laboratory failed to achieve satisfactory performance for Lithium in three consecutive events resulting in a non-intial unsuccessful performance. Refer to D2118.</p>