

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0673263	(X3) Date Survey Completed 07/22/2026
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	A recertification survey was performed at East Carroll Parish Hospital, CLIA ID 19D0673263, on July 20, 2026 through July 22, 2026. The laboratory was found was found not in compliance with the following CONDITION LEVEL DEFICIENCIES: 42 CFR 493.803 CONDITION: Successful participation 42 CFR 493.1403 CONDITION: Laboratories performing moderate complexity testing, Laboratory Director
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 proficiency testing results from American Association of Bioanalysts and CASPER 155d report as well as interview with personnel, the

	laboratory failed to achieve a score of at least 80% for Gentamicin in two of three consecutive events in 2026, resulting in an initial unsuccessful participation as evidenced. Refer to D2096.
D2096	ROUTINE CHEMISTRY CFR(s): 493.841(f) (f) 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. This STANDARD is not met as evidenced by: Based on review of the laboratory's proficiency testing results from American Association Bioanalysts (AAB) and CMS Casper report 155D, the laboratory failed to achieve a score of at least 80% for Gentamicin for two (2) consecutive events in 2026 resulting in an initial unsuccessful performance. Findings: 1. Review of the laboratory's American Association Bioanalysts (AAB) testing results and CMS Casper 155D report revealed the laboratory received an unsatisfactory performance for the following two (2) of five (5) events resulting in the first unsuccessful participation for Gentamicin: a. AAB MLE M1 2026 - Gentamicin received score of 0% b. AAB MLE M2 2026 - Gentamicin received score of 0% 2. In interview on July 20, 2026 at 10:30 am, General Supervisor 2 stated the laboratory ceased Gentamicin testing on January 1, 2026 but did not notify American Association of Bioanalysts (AAB) to remove from testing menu. 3. Further interview on July 20, 2026 at 10:30 am, General Supervisor confirmed the identified testing events for Gentamicin were less than 80% for the two (2) events in 2026.
D6000	MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403 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. This CONDITION is not met as evidenced by: Based on review of laboratory's proficiency testing records and interview with personnel, the Laboratory Director failed to provide overall management and direction for the laboratory. Refer to D6016.
D6016	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i) (e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part; This STANDARD is not met as evidenced by: Based on review of the laboratory's proficiency testing records and interview with personnel, the Laboratory Director failed to ensure proficiency testing samples are tested as required. Refer to D2096.