

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0674150	(X3) Date Survey Completed 09/19/2024
Name of Provider or Supplier Madison Parish Hospital Respiratory	Street Address, City, State 900 Johnson St, Tallulah, 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 conducted September 17, 2024 through September 19, 2024 at Madison Parish Hospital Respiratory - CLIA ID # 19D0674150. The laboratory was found in compliance with 42 CFR 493 Requirement for Laboratories; however, standard deficiencies were cited.
D2094	<p>ROUTINE CHEMISTRY CFR(s): 493.841(e)</p> <p>(1) For any unsatisfactory analyte or test performance or testing event for reasons other than a failure to participate, the laboratory must undertake appropriate training and employ the technical assistance necessary to correct problems associated with a proficiency testing failure. (2) For any unacceptable analyte or testing event score, remedial action must be taken and documented, and the documentation must be maintained by the laboratory for two years from the date of participation in the proficiency testing event.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory policy, proficiency testing records and interview with personnel, the laboratory failed to document remedial action for unacceptable chemistry proficiency testing scores in 2024. Findings: 1. Review of the laboratory's "Policy and Procedure for Proficiency Testing" revealed the laboratory policy did not address corrective actions for unacceptable performance scores. 2. Review of the laboratory's American Proficiency Institute (API) proficiency testing (PT) records from 2023 and 2024 revealed the following one (1) of six (6) unacceptable results for pO2 Blood Gas: a) API 2024 Chemistry Core 2nd event: sample BG-10 pO2, score 80% 3. Further review of the laboratory's proficiency testing (PT) records for 2023 and 2024 revealed the laboratory did not have any documentation of corrective action, investigation or remedial action for the unacceptable scores. 4. In interview on September 17, 2024 at 11:26 am, Testing Personnel 1 confirmed the identified sample did not have documentation of corrective action or investigation.</p>

<p>D6019</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv)</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)(iv) Ensure that an approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with personnel, the Laboratory Director failed to ensure the laboratory performed corrective actions for unacceptable proficiency testing results. Refer to D2094.</p>
<p>D6030</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(12)</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)(12) Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills;</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with personnel, the Laboratory Director failed to ensure procedures for assessing personnel competency were maintained for six (6) of seven (7) Testing Personnel reviewed. Refer to D6046.</p>
<p>D6046</p>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)</p> <p>(b) The technical consultant is responsible for-- (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's CMS 209 form (Laboratory Personnel Report), personnel competency assessment forms, and interview with personnel, the technical consultant failed to perform direct observations for annual competencies in 2023 and 2024 for six (6) of seven (7) testing personnel. Findings: 1. Review of the laboratory's CMS 209 form revealed the Laboratory Director serves as Technical Consultant. 2. Review of personnel competency assessment forms from 2023 and 2024 revealed the technical consultant did not perform direct observations as required for the following six (6) of seven (7) testing personnel: a) Testing Personnel 2: 2023 and 2024 b)</p>

Testing Personnel 3: 2023 and 2024 c) Testing Personnel 4: 2023 d) Testing Personnel 5: 2023 and 2024 e) Testing Personnel 6: 2024 f) Testing Personnel 7: 2023 and 2024 3. In interview on September 17, 2024 at 11:26 am, Testing Personnel 1 stated the laboratory is in process of assigning another technical consultant to perform the competency assessments duties. Testing Personnel 1 confirmed the technical consultant did not perform the direct observations for competencies in 2023 and 2024.