

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0934736	(X3) Date Survey Completed 09/17/2025
Name of Provider or Supplier Ncmc Plain Dealing Medical Clinic	Street Address, City, State 112 North Forrest Street, Plain Dealing, 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 proficiency testing desk review was performed on September 15, 2025 for NCMC PLAIN DEALING MEDICAL CLINIC, CLIA ID #19D0934736. The following condition level deficiencies were identified: 493.803: Successful Participation 493.1403: 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 Proficiency Institute (API), the laboratory failed to achieve a score of at least 80% for White Blood Cell (WBC) Count for two consecutive events, resulting in an initial unsuccessful performance in Hematology. Refer to D2130.</p>

<p>D2130</p>	<p>HEMATOLOGY CFR(s): 493.851(f)</p> <p>(f) Failure to achieve satisfactory performance for the same analyte in two consecutive 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 proficiency testing results from the CMS-153D and CMS-155D reports, and American Proficiency Institute (API), the laboratory failed to achieve a score of at least 80% for White Blood Cell (WBC) Count in two consecutive events in 2025, resulting in an initial unsuccessful performance. Findings: 1. Review of proficiency testing records from the CMS-153D, CMS 155D and API reports revealed the laboratory received the following scores for two (2) consecutive events resulting in initial unsuccessful performance in Hematology: a. 2025 Event 1: Score of 60% for WBC Count b. 2025 Event 2: Score of 60% for WBC Count</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 and interview with personnel, the Laboratory Director failed to provide overall management and direction. Refer to D6016.</p>
<p>D6016</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i)</p> <p>(e)(4)(i) 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 proficiency testing record review, the Laboratory Director failed to ensure proficiency samples are tested as required. Findings: 1. The laboratory failed to achieve a score of at least 80% for White Blood Cell (WBC) Count in two consecutive events in 2025, resulting in an initial unsuccessful performance in Hematology. Refer to D2130</p>