Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D0971816	11/29/2023
Name of Provider or Supplier	**Street Address, City, State**	
Sfmg Pediatrics	104 Contempo Avenue, West Monroe, 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 revisit survey was conducted at Rosales Children's Clinic - CLIA ID #19D0971816 on Fel laboratory was found in compliance with 42 CFR 493 Requirement for Laboratories. No deficiencies A Certification survey was performed on November 29, 2023 at Rosales Children's Clinic, CLIA ID # laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, stand were cited.
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on review of the laboratory's American Association of Bioanalysts (AAB) proficiency testing r with personnel, the laboratory failed to ensure testing personnel and laboratory director signed the att one (1) of six (6) proficiency testing (PT) events reviewed in 2022 and 2023. Findings: 1. Review of t American Association of Bioanalysts (AAB) proficiency testing (PT) records from 2022 and 2023 rev statements were not signed by the laboratory director and/or testing personnel for the following one (reviewed: a) AAB NonChemistry M2 2023: Laboratory Director and Testing Personnel did not sign a interview on November 29, 2023 at 10:04 am, the laboratory supervisor confirmed the attestations we appropriate personnel as required.
D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform a maintenance as defined by the manufacturer and with at least the frequency specified by the manufac

	This STANDARD is not met as evidenced by: Based on observation by surveyor, review of maintenance records, and interview with personnel, the ensure the weekly maintenance on the Sysmex XP-300 was performed as required by the manufactur Observation by surveyor during the laboratory tour on November 29, 2023 at 09:15 am revealed the l Sysmex XP-300 analyzer for Complete Blood Count (CBC) testing in the specialty of Hematology. 2 laboratory's maintenance log for the Sysmex XP-300 hematology analyzer revealed the following we performed: a) Weekly: Clean SRV Tray 3. Further review of the maintenance records for the Sysmex January 2022 through November 2023 revealed the laboratory did not perform the weekly maintenan three (3) of ninety six (96) weeks reviewed: a) November 10, 2023 b) November 17, 2023 c) Novemb interview on November 29, 2023 at 10:24 am, the laboratory supervisor confirmed the weekly mainte performed for the identified weeks.
D6014	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(3)(iii) The laboratory director is responsible for the overall operation and administration of the laboratory, in employment of personnel who are competent to perform test procedures, and record and report test re accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laborat (3) Ensure that-- (e)(3)(iii) Laboratory personnel are performing the test methods as required for accu This STANDARD is not met as evidenced by: Based on review of laboratory policy and records along with interview with personnel, the Laboratory ensure the laboratory personnel performed test methods as required. Findings: 1. The laboratory failed maintenance on the Sysmex XP-300 was performed as required by the manufacturer. Refer to D5429.
D6018	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii) The laboratory director is responsible for the overall operation and administration of the laboratory, in employment of personnel who are competent to perform test procedures, and record and report test re accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laborat (4)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to eva performance and to identify any problems that require corrective action; This STANDARD is not met as evidenced by: Based on review of laboratory policy and proficiency testing records and interview with personnel, th failed to ensure proficiency testing attestation statements were signed by the appropriate personnel. F laboratory failed to ensure testing personnel and laboratory director signed the attestation statement fo proficiency testing (PT) events reviewed in 2022 and 2023. Refer to D2009.