

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D1015596	(X3) Date Survey Completed 08/26/2022
Name of Provider or Supplier Sterling Surgical Hospital	Street Address, City, State 989 Robert Boulevard, Slidell, 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
D5211	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: A Follow-up survey was performed at Sterling Surgical Hospital Lab, CLIA ID # 19D1015596 on August 26, 2022. Based on review of the laboratory's policies, proficiency test records, and interview with personnel, the laboratory failed to review and evaluate the 2022 proficiency testing (PT) results for two (2) of two (2) events reviewed. Findings: 1. Review of the laboratory's "Proficiency Testing" policy revealed "The Laboratory Director or designee should review PT results on a regular basis with the laboratory staff addressing any unsuccessful PT event. Initial and date the PT data to indicate the results have been reviewed. All records of proficiency testing participation are retained a {sic} binder designated for (PT) for two years." 2. Review of the CMS CASPER 0155 D Report (laboratory's PT scores) and laboratory's American Proficiency Institute (API) PT records for 2022 revealed the laboratory did not have documentation of the following: 2022 1st Event: Scores and evaluation forms for Hematology/Coagulation testing 2022 2nd Event: Scores and evaluation forms for Routine Chemistry testing 3. Review of the "2022 API PT Schedule" revealed evaluations were available online on the following dates: 1st Event: Hematology,Coagulation: April 19, 2022 2nd Event: Chemistry-Core: June 28, 2022 4. In interview on August 26, 2022 at 12:54 pm, the Clinical Nurse Educator stated she was unable to find the scores and evaluation forms for the identified events.</p>
D6018	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii)</p> <p>The laboratory director is responsible for the overall operation and administration of</p>

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)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action;

This STANDARD is not met as evidenced by:

A Follow-up survey was performed at Sterling Surgical Hospital Lab, CLIA ID # 19D1015596 on August 26, 2022. Based on review of the laboratory's records and interview with personnel, the Laboratory Director failed to ensure proficiency testing reports are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action. Refer to D5211.