

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  19D1015749	<b>(X3) Date Survey Completed</b>  08/01/2023
<b>Name of Provider or Supplier</b>  Acadia-St Landry Hospital	<b>Street Address, City, State</b>  810 South Broadway St, Church Point, LA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	An offsite PT Desk Review was performed on August 1, 2023 at Acadia St Landry Hospital , 19D1015749, was found not in compliance with the following <b>CONDITION LEVEL DEFICIENCIES:</b> 42 CFR 493.803 <b>CONDITION:</b> Successful Participation 42 CFR 493.1403 <b>CONDITION:</b> Laboratory Director, Moderate Complexity
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> 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 <b>CONDITION</b> is not met as evidenced by:                      Based on review of laboratory's College of American Pathologist proficiency testing records, CASPER 153D &amp; 155D report the laboratory failed to successfully perform for PCO2 in two consecutive General Chemistry proficiency testing events in 2022-</p>

	<p>2023. Findings: 1. The laboratory failed to achieve a score of at least 80% for PCO2 Blood Gas in two consecutive events, resulting in initial unsuccessful performance. Refer to D2096.</p>
<b>D2096</b>	<p><b>ROUTINE CHEMISTRY</b> CFR(s): 493.841(f)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on a review of proficiency testing results from the CASPER 153D &amp; 155D and College of America Pathologist (CAP), the laboratory failed to achieve a score of at least 80% for PCO2 Blood Gas in two consecutive events, resulting in initial unsuccessful performance. Findings are: 1. Review of College of America Pathologist (CAP) proficiency testing results and CASPER Report 0153D and 0155D revealed the laboratory received unsatisfactory score for the following two events resulting in the first unsuccessful performance for PCO2 Blood Gas: Event 3 of 2022 received a score of 00% Event 1 of 2023 received a score of 60%</p>
<b>D6000</b>	<p><b>MODERATE COMPLEXITY LABORATORY DIRECTOR</b> 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 review of the laboratory's proficiency testing records, CASPER 155D report, and interview with personnel, the Laboratory Director failed to provide overall management and direction. Refer to D6016.</p>
<b>D6016</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(i)</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)(i) Ensure that 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 review of the CMS-153D and CMS-155D reports and the College of American Pathologists (CAP) proficiency testing records, the laboratory director failed to achieve a score of at least 80% for PCO2 Blood Gas in two consecutive events, resulting in initial unsuccessful performance. Refer to D2096.</p>