Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D1082041	01/22/2026
Name of Provider or Supplier	**Street Address, City, State**	
Caldwell Memorial Hospital, Inc	411 Main Street, Columbia, 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 off-site follow-up survey was performed for Caldwell Memorial Hospital, INC, CLIA ID 19D108 31, 2026. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories. I were cited. A Recertification survey was performed at Caldwell Memorial Hospital, CLIA ID 19D1082041, on J Caldwell Memorial Hospital was found not in compliance with the following CONDITION LEVEL I 42 CFR 493.803: CONDITION: Successful Participation 42 CFR 493.1403: CONDITION: Laborato moderate complexity testing: Laboratory Director
D2014	TESTING OF PROFICIENCY TESTING SAMPLES (b)(6) The laboratory must document the handling, preparation, processing, examination, and each ste reporting of results for all proficiency testing samples. The laboratory must maintain a copy of all rec copy of the proficiency testing program report forms used by the laboratory to record proficiency test including the attestation statement provided by the PT program, signed by the analyst and the laborat documenting that proficiency testing samples were tested in the same manner as patient specimens, fo two years from the date of the proficiency testing event. This STANDARD is not met as evidenced by: Based on review of the laboratory's policy and proficiency testing records and interview with personn failed to ensure the proficiency testing attestation statement for Microbiology was signed by the Labo one (1) of six (6) events reviewed. Findings: 1. Review of the laboratory's "Proficiency Surveys" poli Proficiency Testing Vendor's attestation statement must be signed by the Laboratory Director and the performed any portion of the survey prior to submission of the results to API. 2. Review of the labora testing records revealed the laboratory enrolled in the American Proficiency Institute (API) proficienc program to verifiy the accuracy of Microbiology testing. 3. Further review of the laboratory's Americ

	Institute (API) proficiency testing (PT) records revealed the following documentation was not comple Microbiology 3rd event - Laboratory Director did not sign the attestation statement 4. In interview on at 12:16 pm, the Laboratory Director confirmed the identified PT event did not have a signed attestati
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testir approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this sectio fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or tes section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake trainir or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions excep more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the p by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance histor This CONDITION is not met as evidenced by: Based on review of proficiency testing results from American Proficiency Institute (API) and CASPE failed to achieve a score of at least 80% for Aspartate Aminotranferase (AST) in two of three consecu 2025, resulting in an initial unsuccessful participation as evidenced. Refer to D2096.
D2096	ROUTINE CHEMISTRY CFR(s): 493.841(f) (f) Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on review of the laboratory's proficiency testing results from American Proficiency Institute (A Casper report 155D, the laboratory failed to achieve a score of at least 80% for Aspartate Aminotranf consecutive events in 2025 resulting in an initial unsuccessful performance. Findings: 1. Review of th American Proficiency Institute (API) testing results and CMS Casper 155D report revealed the labora unsatisfactory performance for the following two (2) of six (6) events resulting in the first unsuccessf AST: * 2025 Chemistry Core 2nd event - AST received a score of 0% * 2025 Chemistry Core 3rd eve a score of 60% 2. In interview on January 22, 2026 at 12:16 pm, the Laboratory Director stated the 2r submitted prior to date for submission to API and the 3rd event for AST was repeated within normal Laboratory Director confirmed the identified testing events for AST were below 80% in two events ir
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 As specified in the personnel requirements in subpart M, the laboratory must establish and follow wri procedures to assess employee and, if applicable, consultant competency. This STANDARD is not met as evidenced by: Based on review of the laboratory's CMS-209 form, personnel records and interview with personnel, failed to ensure a competency assessment for personnel serving as Clinical Consultant was performed

	(1) personnel reviewed. Findings: 1. Review of the laboratory's CMS-209 (Laboratory Personnel Rep the laboratory has one (1) personnel serving as Clinical Consultant. 2. In interview on January 22, 20 Laboratory Director stated that he recently assumed the position of laboratory director and did not kn competency assessment for Clinical Consultant was required with new personnel taking over as labor Review of the laboratory's personnel records revealed the laboratory did not have documentation of a assessment for personnel serving as Clinical Consultant. 3. In interview on January 22, 2026 at 10:44 Director confirmed the competency assessment for the identified personnel serving as Clinical Consu performed.
D5411	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(a) (a) Test systems must be selected by the laboratory. The testing must be performed following the mar instructions and in a manner that provides test results within the laboratory's stated performance speci test system as determined under 493.1253. This STANDARD is not met as evidenced by: Based on observation by surveyor, review of the manufacturer's package insert and laboratory policie well as interview with personnel, the laboratory failed to document the visual inspection of blood cult manufacturer's requirements. Findings: 1. Observation by surveyor during the laboratory tour on Janu 38 am revealed the laboratory utilizes BacT/ALERT Adult Blood Culture Collection Kits. 2. Review polices revealed the laboratory does not have a policy related to the visual inspection of blood culture of the manufacturer's package insert revealed "Prior to use, examine the bottles for evidence of damag contamination. Do not use a bottle containing media which exhibits turbidity or excess gas pressure, a possible contamination". 4. Review of the laboratory's records revealed the laboratory did not perform blood culture bottles prior to patient use. 5. In interview on January 22, 2026 at 3:40 pm, the Laborato confirmed the laboratory did not document visual inspections of blood culture bottles received.
D6000	MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403 The laboratory must have a director who meets the qualification requirements of 493.1405 of this sub overall management and direction in accordance with 493.1407 of this subpart. This CONDITION is not met as evidenced by: Based on review of laboratory policy and records and interview with personnel, the Laboratory Direc provide overall management and direction for the laboratory. Refer to D6016.
D6014	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(3)(iii) (e)(3)(iii) Laboratory personnel are performing the test methods as required for accurate and reliable r This STANDARD is not met as evidenced by: Based on observation by surveyor, review of laboratory policy and records, and interview with perso Director failed to ensure the laboratory personnel performed test methods as required. Refer to D541
D6016	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i)

	(e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part; This STANDARD is not met as evidenced by: Based on review of the laboratory's proficiency testing records and interview with personnel, the Lab failed to ensure proficiency testing samples are tested as required. Findings: 1. The laboratory failed t proficiency testing attestation statement for Microbiology was signed by the Laboratory Director for events reviewed. Refer to D2014. 2. The laboratory failed to achieve a score of at least 80% for Aspa Aminotranferase (AST) in two consecutive events in 2025 resulting in an initial unsuccessful perform D2096.
D6030	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(12) (e)(12) Ensure that policies and procedures are established for monitoring individuals who conduct pr analytical, and postanalytical phases of testing to assure that they are competent and maintain their co process specimens, perform test procedures and report test results promptly and proficiently, and whe identify needs for remedial training or continuing education to improve skills; This STANDARD is not met as evidenced by: Based on review of laboratory policy, personnel records and interview with personnel, the Laboratory ensure policies and procedures for assessing personnel competency were maintained. Refer to D5209