Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D2170631	02/22/2022
Name of Provider or Supplier	**Street Address, City, State**	
Quest Md Clinics Minden	10600 Industrial Dr, Minden, 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 Recertification survey was performed on February 22, 2022 at Quest MD Minden, CLIA ID # 19D2170631. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
D2015	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(5)(6) (5) The laboratory must document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. The laboratory must maintain a copy of all records, including a copy of the proficiency testing program report forms used by the laboratory to record proficiency testing results including the attestation statement provided by the PT program, signed by the analyst and the laboratory director, documenting that proficiency testing samples were tested in the same manner as patient specimens, for a minimum of two years from the date of the proficiency testing event. (6) PT is required for only the test system, assay, or examination used as the primary method for patient testing during the PT event. This STANDARD is not met as evidenced by: Based on review of the laboratory's proficiency testing records and interview with personnel, the laboratory failed to ensure the Laboratory Director signed the performance evaluation form for one (1) of six (6) proficiency testing events reviewed. Findings: 1. Review of the laboratory's College of American Pathologists (CAP) proficiency testing (PT) records for 2020 and 2021 revealed the Laboratory Director did not sign the performance evaluation form for the following one (1) event: a) FH9-B 2020 Hematology Auto Differentials 2. In interview on February 22, 2022 at 10:20 am, Personnel 3 confirmed the Laboratory Director did not sign the above identified PT event in 2020.
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, 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: Based on record review and interview with personnel, the Laboratory Director failed to ensure all proficiency testing reports are reviewed by the appropriate staff. Refer to D2015.