

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0220712	(X3) Date Survey Completed 01/29/2024
Name of Provider or Supplier Meritus Pulmonary Consultants	Street Address, City, State 12821 Oak Hill Ave, Hagerstown, MD	
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
D2016	<p>SUCCESSFUL PARTICIPATION 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 CONDITION is not met as evidenced by: Based on review of the federal report for unsuccessful proficiency testing (PT) and review of the PT evaluation report from Wisconsin State Laboratory of Hygiene (WSLH), the laboratory failed to successfully participate in the WSLH PT program for blood gas testing (D2096).</p>
D2096	<p>ROUTINE CHEMISTRY CFR(s): 493.841(f)</p> <p>Failure to achieve satisfactory performance for the same analyte or test in two</p>

consecutive testing events or two out of three consecutive testing events is unsuccessful performance.

This STANDARD is not met as evidenced by:

Based on review of the federal report for unsuccessful proficiency testing (PT) and review of the PT evaluation report from Wisconsin State Laboratory of Hygiene (WSLH), the laboratory failed to achieve satisfactory performance for the same analyte in two consecutive PT events for blood gases. Findings: 1. Failure to attain a score of at least 80% of acceptable responses for each analyte in each testing event is unsatisfactory performance. 2. The laboratory received the following scores from WSLH for partial pressure of carbon dioxide (pCO₂): a. 60% in the 2023 2nd PT event b. 60% in the 2023 3rd PT event

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 subpart and provides overall management and direction in accordance with 493.1407 of this subpart.

This CONDITION is not met as evidenced by:

Based on review of the federal report for unsuccessful proficiency testing (PT) and review of the PT evaluation report from Wisconsin State Laboratory of Hygiene (WSLH), the laboratory director failed to ensure an approved corrective action plan was followed when blood gas PT results were found to be unsatisfactory (D6019).

D6019

LABORATORY DIRECTOR RESPONSIBILITIES
CFR(s): 493.1407(e)(4)(iv)

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)(iv) Ensure that an approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory.

This STANDARD is not met as evidenced by:

Based on review of the federal report for unsuccessful proficiency testing (PT) and review of the PT evaluation report from Wisconsin State Laboratory of Hygiene (WSLH), the laboratory director failed to ensure that an approved corrective action plan was followed when blood gas PT results were found to be unsatisfactory in the 2023 2nd PT event. Findings: 1. The laboratory failed to achieve satisfactory performance for partial pressure of carbon dioxide (pCO₂) in two consecutive PT events (cross-refer to tag D2096): a. 60% in the 2023 2nd PT event b. 60% in the 2023 3rd PT event