

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  21D2106672	<b>(X3) Date Survey Completed</b>  01/20/2021
<b>Name of Provider or Supplier</b>  Your Docs In	<b>Street Address, City, State</b>  300 Sunburst Hwy, Cambridge, MD	
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>D2016</b>	<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 proficiency testing (PT) data report and review of the comparative evaluation summary from the American Proficiency Institute (API) PT program, the laboratory failed to successfully participate in the API PT program for hematology testing, in which the laboratory is certified under CLIA (D2130).</p>
<b>D2130</b>	<p>HEMATOLOGY CFR(s): 493.851(f)</p> <p>Failure to achieve satisfactory performance for the same analyte in two consecutive</p>

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 proficiency testing (PT) data report and review of the comparative evaluation summary from the American Proficiency Institute (API) PT program, the laboratory failed to achieve satisfactory performance for the same analyte in 2 consecutive hematology testing events. The following analyte was noted as failed in the 2020 2nd and 3rd events. Findings: 1. API 2020 2nd event White Blood Cell Differential 13% 2. API 2020 3rd event White Blood Cell Differential 33%

**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 proficiency testing (PT) data report and review of the comparative evaluation summary from the American Proficiency Institute (API) PT program, the laboratory director failed to ensure that the laboratory successfully participated in the API PT program for hematology testing, in which the laboratory is certified under CLIA (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 proficiency testing (PT) data report and review of the comparative evaluation summary from the American Proficiency Institute (API) PT program, the laboratory director failed to ensure that an approved corrective action plan was followed when PT results in hematology were found to be unsatisfactory. Refer to D2130. Findings: 1. API 2020 2nd event White Blood Cell Differential 13% 2. API 2020 3rd event White Blood Cell Differential 33%