

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D0362690	<b>(X3) Date Survey Completed</b>  12/11/2018
<b>Name of Provider or Supplier</b>  Beverly Hills Pediatrics	<b>Street Address, City, State</b>  32100 Telegraph Rd Suite #110, Bingham Farms, MI	
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><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 CONDITION is not met as evidenced by: . Based on review of the CMS database and review of the College of American Pathologists (CAP) final proficiency testing reports, it was determined that the laboratory failed to successfully participate in a CMS approved proficiency testing program for the hematology analyte hematocrit (HCT). Findings include: Review of the CMS database and the CAP graded proficiency testing reports showed unsatisfactory performance for five of eight proficiency testing events for the hematology analyte: HCT. Refer to D2130.</p>
<b>D2130</b>	<b>HEMATOLOGY</b>

CFR(s): 493.851(f)

Failure to achieve satisfactory performance for the same analyte in two consecutive 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 CMS database and review of the College of American Pathologists (CAP) final proficiency testing reports, the laboratory failed to achieve satisfactory performance in five of eight consecutive proficiency testing events for the following hematology analyte: hematocrit (HCT). Findings include: Unsatisfactory performance in five out of eight consecutive proficiency testing events constitutes subsequent unsuccessful proficiency testing performance. HCT PT Event Score 2nd event 2016 60% 1st event 2017 0% 3rd event 2017 0% 1st event 2018 60% 3rd event 2018 20%

**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 CMS database and review of the College of American Pathologists (CAP) proficiency testing reports, the laboratory director failed to provide overall management and direction in accordance with 493.1407 of this subpart. Findings include: Failure to ensure that the proficiency testing samples were tested as required under subpart H. Refer to D6016

**D6016**

**LABORATORY DIRECTOR RESPONSIBILITIES**

CFR(s): 493.1407(e)(4)(i)

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;

This STANDARD is not met as evidenced by:

. Based on review of the CMS database and review of the College of American Pathologists (CAP) proficiency testing reports, the laboratory director failed to ensure the laboratory successfully participated in a proficiency testing program as required under subpart H. Findings include: The laboratory failed to achieve satisfactory performance for the analyte hematocrit in the speciality of hematology. Refer to D2016 and D2130.