

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D1069404	<b>(X3) Date Survey Completed</b>  08/14/2023
<b>Name of Provider or Supplier</b>  98 Point 6 Emergicenter	<b>Street Address, City, State</b>  1540 Lake Lansing Road Suite 203, Lansing, 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>D2009</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by:                      . Based on record review and interview with Testing Personnel (TP) #1, the Laboratory Director (LD) and Testing Personnel failed to attest to the routine integration of the hematology and chemistry American Proficiency Institute (API) proficiency testing samples into the patient workload for 2 (hematology and chemistry 2nd events in 2022) of 8 events reviewed. Findings include: 1. A record review of the API final proficiency testing documents revealed the LD and TP did not attest to the hematology and chemistry 2nd testing events in 2022 of 8 events reviewed. 2. An interview on 8/14/2023 at 10:00 am TP1 confirmed the 2 events listed above were not signed by the LD and the TP.</p>
<b>D6018</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(iii)</p> <p>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;</p>

This STANDARD is not met as evidenced by:

. Based on record review and interview with Testing Personnel (TP) #1, the Laboratory Director (LD) failed to ensure final proficiency testing reports were reviewed for 3 (hematology 2nd and 3rd events and chemistry 2nd event in 2022) of 8 events reviewed. Findings include: 1. A review of the laboratory's American Proficiency Institute (API) final proficiency testing records revealed a lack of review by the LD and TP for the following events in 2022: a. 2022 hematology - 2nd and 3rd events. b. 2022 chemistry - 2nd event. 2. An interview on 8/14/2023 at 10:00 am confirmed there was no documentation of review of the final API results by the LD and TP for the events listed above. \*\*\* Repeat Deficiency from 9/06/2017 survey\*\*\*