

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  25D0029494	<b>(X3) Date Survey Completed</b>  06/22/2021
<b>Name of Provider or Supplier</b>  Mississippi State Penitentiary	<b>Street Address, City, State</b>  Ms Hwy 49 West, Parchman, MS	
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>D3037</b>	<p><b>RETENTION REQUIREMENTS</b> CFR(s): 493.1105(a)(4)</p> <p>Proficiency testing records. Retain all proficiency testing records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the laboratory proficiency testing records from 10/23 /2018 through 6/22/2021 and confirmation with the technical consultant (TC) at 11:30 am on 6/22/21, the laboratory failed to retain all proficiency records. Findings include: 1. Observation of proficiency testing records revealed the laboratory did not retain the following: a. Attestation statements for 3rd event of 2018, 1st, 2nd, and 3rd events of 2019, 1st and 2nd events of 2020, 1st event of 2021 b. Blood Gas analyzer printouts for 2nd and 3rd events of 2019, 1st, 2nd, and 3rd events of 2020, 1st event of 2021 2. Interview with the TC at 11:30 am on 6/22/2021 confirmed that previous listed proficiency records were not retained with the completion of each proficiency testing event.</p>