

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D0316675	(X3) Date Survey Completed 06/21/2022
Name of Provider or Supplier Jerry M Cunningham Md	Street Address, City, State 521 Fairview, Greenville, MS	
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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory records since the last survey on 2/18/20 and interview with testing personnel (TP) #1 on the Centers for Medicare and Medicaid Services (CMS) 209 personnel form, the laboratory failed to have a system for verifying the accuracy of urine colony count performed on the Bacticult Aidian Uricult test system at least twice annually in 2020. Findings Include: 1. Review of laboratory records for 2020 and 2021 revealed the laboratory used a proficiency testing module to verify accuracy of the urine colony count, performed on the Bacticult Aidian Uricult test system, twice annually. 2. Review of proficiency testing records for 2020 revealed the laboratory had unacceptable scores for the 1st and 3rd events of 2020. There was no other verification for accuracy of the colony counts performed in 2020. 3. An interview with TP #1 on 6/21/2022 at 12:00 p.m. confirmed the laboratory had not verified accuracy twice a year for urine colony count in 2020.</p>
D5221	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d)</p> <p>All proficiency testing evaluation and verification activities must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on review of proficiency records (PT) for 2020, 2021, 2022 and confirmation with testing personnel (TP) #1, there was no documentation of corrective action taken for unacceptable bacteriology (urine colony counts) scores for the 1st and 3rd events</p>

of 2020. Findings include: 1. Review of PT records revealed the laboratory did not document corrective action taken for unacceptable bacteriology scores on urine colony counts for 1st and 3rd events of 2020. 2. TP #1 in an interview on 6/21/2022 at 12:00 p.m. confirmed the laboratory did not perform corrective action for the unacceptable scores in Bacteriology on the 1st and 3rd events of 2020.

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 the Centers for Medicare and Medicaid Services (CMS) data system proficiency testing (PT) report, review of PT records from 2021, 2022 and 2022, and lack of documentation of corrective action, the laboratory director failed to ensure an approved corrective action plan was followed when the proficiency testing results for urine colony count were unacceptable for 1st and 3rd events of 2020. Findings Include: 1. Review of the CMS data system report for proficiency testing indicated that Bacteriology (urine colony count) was graded at 50% for events 1 and 3 of 2020. 2. Review of the facility's Proficiency Testing records also indicated that Bacteriology (urine colony count) was graded as 50% on Events 1 and 3 for 2020. a. Bacteriology 2020 event 1 - urine colony count graded at 50% b. Bacteriology 2020 event 3: urine colony count graded at 50% 3. There was no documentation available for review on the day of survey of any corrective action implemented for the two failures. 4. Testing personnel #1 confirmed that there was no corrective action implemented in an interview at 12:00 p.m. on 6/21/2022.