

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D0317068	(X3) Date Survey Completed 08/15/2024
Name of Provider or Supplier Dr George L Cain Jr Md Pllc	Street Address, City, State 506 Alcorn Drive, Corinth, 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 proficiency testing records, and interview with testing personnel (TP) #1, the laboratory failed to verify the accuracy of the Urine Microscopic testing at least twice annually for years 2023 and 2024. Findings Include: 1. Review of the proficiency records from 2023 and 2024, revealed the Urine Microscopic had not been verified as accurate. The laboratory chose proficiency testing as their way of verifying accuracy for Urine Microscopy and receives two events each year. The laboratory scored 50 % on the 1st events of 2023 and 2024. The laboratory has failed 2 of 3 proficiency events since the last survey. 2. Interview with TP #1 on 8/15/2024 at 11:30 a.m., confirmed the accuracy had not been verified on the Urine Microscopy for the year 2023 and 2024.</p>
D6019	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv)</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)(iv) Ensure that an approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on the review of proficiency testing (PT) records, lack of documentation of corrective action, and interview with testing personnel (TP) #1, the laboratory director failed to ensure an approved corrective action plan was followed when the proficiency testing results for Urine Microscopic testing was unacceptable for 2 of 3 proficiency testing events. Findings Include: 1. Review of the proficiency records for Urine Microscopy testing revealed a graded result of 50 % for both 1st events for 2023 and 2024. 2. Review of the proficiency testing records revealed 2 of 3 proficiency events for Urine Microscopy were scored unsatisfactory at 50 % on the 1st events of 2023 and 2024 with no documentation of corrective action. 3. Interview with TP #1 on 8/15 2024 at 11:30 a. m., confirmed no corrective action for the unsatisfactory score of 50% on 1st events of 2023 and 2024.