Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	25D0317488	11/21/2024
Name of Provider or Supplier	**Street Address, City, State**	
Jefferson County Hospital	870 Main Street, Fayette, 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
D6092	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iv) The laboratory director must ensure an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable or unsatisfactory. This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) scores for the seven chemistry PT events performed since the last survey on 9/8/2022, lack of documentation of corrective action for unsatisfactory scores, and interview with the technical consultant, listed on the Centers for Medicare and Medicaid Services (CMS) 209 personnel form, the laboratory director failed to ensure that an approved corrective action plan was followed when proficiency testing results were found to be unsatisfactory in five of seven testing events reviewed. Findings include: 1. Review of the seven chemistry PT events performed from 9/8/2022 through 11/21/2024 revealed 5 of 7 testing events were unsatisfactory for the following tests, with no documentation of corrective action: D-dimer - 50% for Event 2 of 2023. Phosphorus - 60% for Event 3 of 2023; Hemoglobin A1C - 50% for Event 3 of 2023. Carbon dioxide - 60% for Event 1 of 2024. Total iron binding capacity (TIBC) - 40% for Event 2 of 2024; Acetaminophen - 40% for Event 2 of 2024 Phosphorus-60% for Event 3 of 2024; Acetaminophen-60% for Event 3 of 2024 2. In an interview on 11/20/2024 at 2:00 p.m., the technical consultant, listed on the CMS 209 personnel form, confirmed there was no documentation of corrective action for these unsatisfactory scores.