

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D0869512	(X3) Date Survey Completed 09/08/2021
Name of Provider or Supplier Mettetal Family Medicine	Street Address, City, State 401 E Lee St, Sardis, 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
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: Based on review of proficiency testing (PT) records from 2019, 2020 and 2021 and lack of documentation of corrective action, the laboratory director failed to ensure an approved corrective action plan was followed when the laboratory scored below 80% (unacceptable or unsatisfactory) on an analyte. Findings Include: 1. Review of the Casper Proficiency report and the laboratory proficiency result records for 2018, 2019, 2020 and 2021 confirmed the following proficiency results had scores less than 80%: a. RBC (red blood count) -1st event 2019 - 60% b. WBC (white blood count) Diff - 2nd event 2020- 0% 2. There was no documentation of corrective action for the two failed assays listed above.</p>
D6054	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on review of laboratory testing personnel (TP) records including the Centers of Medicare and Medicaid Services (CMS) 209 personnel form and interview with TP on 9/8/21, the technical consultant failed to evaluate annually and document the performance of the TP who is responsible for performing moderate testing. Findings include: 1. Based on laboratory personnel records available for review on 9/8/21, there were no annual evaluations/competencies performed by the technical consultant on the TP since the last survey on 3/26/19. 2. Interview with the TP on 9/8/21 at 4:00 p. m. confirmed the annual evaluation/competencies had not been documented as performed by the technical consultant for the TP for 2020 or 2021.