Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	25D0927282	01/08/2026
Name of Provider or Supplier	**Street Address, City, State**	
Central Mississippi Correctional Facility	3794 Highway 468, Pearl, 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
D3031	RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3) Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years. In addition, retain the following: This STANDARD is not met as evidenced by: Based on review of Troponin testing records (including analyzer quality control (QC) and patient result logs) and interviews with the Technical Consultant (TC), Testing Personnel (TP #1), Director of Nursing (DON), and Health Services Administrator (HSA), the laboratory failed to retain daily QC and patient results for Troponin testing performed using the LifeSign MI Troponin I test kit for seventeen of seventeen months. Findings include: 1. Review of LifeSign MI Troponin I test kit records obtained during the prior survey Plan of Correction on 10/27/2023 showed retained Troponin QC and patient records dated 11/4/2023 through 1/24/2024. Review on the current survey date revealed no Troponin QC or patient testing records from 1/25 /2024 through the day of survey, 1/8/2026. This confirmed the laboratory failed to retain daily QC and patient testing records for seventeen of seventeen months. There was no evidence available to demonstrate Troponin testing during this period. 2. Interview with the laboratory TC and TP #1 on 1/8/2026 at 11:30 a.m. revealed the logbook used to document LifeSign MI Troponin I QC and patient results was not available and could not be located on the day of survey. Both staff stated Troponin testing had been performed during the period from 1/25/2024 through 8/1/2025 but were unable to identify the location of the required documentation. 3. Interview with the HSA and DON on 1/8/2026 confirmed Troponin testing had been performed from 1/25/2024 through the present; however, they were unable to locate or provide any QC or patient testing records. 4. Due to the absence of retained QC and patient testing records, the number of Troponin tests performed during the cited period could not be

	verified. The only available estimate was the laboratory's reported annual test volume of approximately 60 Troponin tests in the past 12 months, as documented in the survey packet.
D6000	MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403 The laboratory must have a director who meets the qualification requirements of 493. 1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart. This CONDITION is not met as evidenced by: Based on the review of the Centers for Medicare and Medicaid Services (CMS) 209 personnel form, lack of qualifying documentation, and interview with the Technical Consultant, the laboratory does not have a laboratory director who meets the qualification requirements of 493.1405 of this subpart. Findings include: 1. Review of the CMS 209 form and lack of qualifying documentation for the Laboratory Director listed on the CMS 209 Personnel Form, confirmed the laboratory does not have in place on the day of survey, a qualifying Laboratory Director. 2. Interview with the TC at 12:00 p.m. on 1/28/2026, confirmed there was no documentation to qualify the person listed on the CMS 209 Personnel Form as the Laboratory Director.
D6003	LABORATORY DIRECTOR QUALIFICATIONS CFR(s): 493.1405 AND 493.1406 The laboratory director must be qualified to manage and direct the laboratory personnel and the performance of moderate complexity tests and must be eligible to be an operator of a laboratory within the requirements of subpart R of this part. (a) The laboratory director must possess a current license as a laboratory director issued by the State in which the laboratory is located, if such licensing is required; and (b) The laboratory director must-- (b)(1)(i) Be a doctor of medicine or doctor of osteopathy licensed to practice medicine or osteopathy in the State in which the laboratory is located; and (b)(1)(ii) Be certified in anatomic or clinical pathology, or both, by the American Board of Pathology or the American Osteopathic Board of Pathology; or (b)(2)(i) Be a doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine licensed to practice medicine, osteopathy, or podiatry in the State in which the laboratory is located; and (b)(2)(ii) Have had laboratory training or experience consisting of: (b)(2)(ii)(A) At least one year directing or supervising non-waived laboratory testing; and (b)(2)(ii)(B) Have at least 20 CE credit hours in laboratory practice that cover the laboratory director responsibilities defined in 493. 1407; or (b)(3)(i)(A) Hold an earned doctoral degree in a chemical, biological, clinical or medical laboratory science or medical technology from an accredited institution; or (b)(3)(i)(B) Hold an earned doctoral degree; and (b)(3)(i)(B)(1) Have at least 16 semester hours of doctoral level coursework in biology, chemistry, medical technology (MT), clinical laboratory science (CLS), or medical laboratory science (MLS); or (b)(3)(i)(B)(2) An approved thesis or research project in biology/chemistry /MT/CLS/MLS related to laboratory testing for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings; and (b)(3)(ii) Have at least 20 CE credit hours in laboratory practice that cover the laboratory director responsibilities defined in 493.1407; and (b)(3)(ii)(A) Be certified and continue to be certified by a board approved by HHS; and (b)(3)(ii)(B) Have had at least 1 year of experience directing or supervising nonwaived laboratory testing; or

	(b)(4)(i)(A) Have earned a master's degree in a chemical, biological, clinical or medical laboratory science, or medical technology from an accredited institution; or (b)(4)(i)(B)(1) Meet bachelor's degree equivalency; and (b)(4)(i)(B)(2) Have at least 16 semester hours of additional graduate level coursework in biology, chemistry, medical technology, clinical or medical laboratory science; or (b)(4)(i)(C)(1) Meet bachelor's degree equivalency; and (b)(4)(i)(C)(2) Have at least 16 semester hours in a combination of graduate level coursework in biology, chemistry, medical technology, clinical or medical laboratory science coursework and an approved thesis or research project related to laboratory testing for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings; and (b)(4)(ii) Have at least 1 year of laboratory training or experience, or both, in nonwaived testing; and (b)(4)(iii) Have at least 1 year of supervisory laboratory experience in nonwaived testing; and (b)(4)(iv) Have at least 20 CE credit hours in laboratory practice that cover the director responsibilities defined in 493.1407; or (b)(5)(i)(A) Have earned a bachelor's degree in a chemical, biological, clinical or medical laboratory science, or medical technology from an accredited institution; or (b)(5)(i)(B) At least 120 semester hours, or equivalent, from an accredited institution that, at a minimum, includes either- (b)(5)(i)(B)(1) 48 semester hours of medical laboratory science or medical laboratory technology courses; or (b)(5)(i)(B)(2) 48 semester hours of science courses that include- (b)(5)(i)(B)(2)(i) 12 semester hours of chemistry, which must include general chemistry and biochemistry or organic chemistry; and (b)(5)(i)(B)(2)(ii) 12 semester hours of biology, which must include general biology and molecular biology, cell biology or genetics; and (b)(5)(i)(B)(2)(iii) 24 semester hours of chemistry, biology, or medical laboratory science or medical laboratory technology in any combination; and (b)(5)(ii) Have at least 2 years of laboratory training or experience, or both, in nonwaived testing; and (b)(5)(iii) Have at least 2 years of supervisory laboratory experience in nonwaived testing; and (b)(5)(iv) Have at least 20 CE credit hours in laboratory practice that cover the director responsibilities defined in 493.1407. (b)(6) Notwithstanding any other provision of this section, an individual is considered qualified as a laboratory director of moderate complexity testing under this section if they were qualified and serving as a laboratory director of moderate complexity testing in a CLIA-certified laboratory as of December 28, 2024, and have done so continuously since December 28, 2024. This STANDARD is not met as evidenced by: Based on the review of the Centers for Medicare and Medicaid Services (CMS) 209 personnel form, lack of qualifying documentation, and interview with the Technical Consultant, the laboratory does not have a laboratory director who meets the qualification requirements of 493.1405 of this subpart. Findings include: 1. Review of the CMS 209 form and lack of qualifying documentation for the Laboratory Director listed on the CMS 209 Personnel Form, confirmed the laboratory does not have in place on the day of survey, a qualifying Laboratory Director. 2. Interview with the TC at 12:00 p.m. on 1/28/2026, confirmed there was no documentation to qualify the person listed on the CMS 209 Personnel Form as the Laboratory Director.
D6049	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)(iii) (b)(8)(iii) Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records;

	This STANDARD is not met as evidenced by: Based on review of laboratory records since the last survey and interview with the Technical Consultant (TC) and Testing Personnel (TP #1), the following records had not been documented as reviewed by the prior Labatory Director/Technical Consultant (LD/TC): Findings Include: 1. Review of the laboratory records from 10/28 /2023 through 1/8/2026 revealed the following records were not documented as reviewed by the TC: a. Room and refrigerator temperature logs from 1/25/2024 through 1/8/2025 b. Life Sign Troponin I quality control (QC) no records from 1/25 /2024 through 8/1/2025 c. Proficiency Test results from 2nd and 3rd events of 2024. 2. Interview with the current TC and TP #1 at 12:30 p.m. on 1/8/2026 confirmed there was no documented review of these records by the prior TC. 3. Review of laboratory records dated 10/2023 through 3/2024 (including temperature logs, QC records, and personnel evaluations) confirmed the prior TC did not review laboratory records after March 2024. The current TC, who assumed duties in approximately March 2025, reviewed and signed the 2024 laboratory records retrospectively.