Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	25D1019888	08/20/2019
Name of Provider or Supplier	**Street Address, City, State**	
Express Care Clinic Of Fulton, Pllc	204 Interchange Dr, Fulton, 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
D6018	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii) 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)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action; This STANDARD is not met as evidenced by: Based on review of proficiency records from August 2017 through August 2019 and confirmation with testing personnel #1 at 4:00 pm on 8/20/19, the Laboratory Director failed to ensure all proficiency evaluations are reviewed by the appropriate staff (testing personnel, Technical Consultant). Findings include: 1. Proficiency records for 2017-3rd Event, 2018-1st, 2nd, 3rd Events, and 2019-1st, 2nd Events were reviewed on 8/20/19. 2. There were no indications that the records had been reviewed by the Technical Consultant or the Testing Personnel who were responsible for the performance of the proficiency testing.
D6049	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)(iii) The procedures for evaluation of the competency of the staff must include, but are not limited to 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--including quality control (QC), calibrations, temperatures, proficiency records, maintenance and monthly quality assurance (QA) checklist--from the last survey on 8/17/17 through the day of survey 8/20/19 and confirmation with testing personnel #1 at 4:00 pm, the technical consultant (TC) failed to document as reviewed the laboratory records indicated below. Finding include: 1. Interview with testing personnel #1 at 4:00 pm on the day of survey revealed the TC was given only the laboratory monthly checklist to sign and date. The monthly checklist indicates the areas in the laboratory that are to be reviewed and assessed as acceptable or not acceptable. According to the interview the TC did not actually view and document review of the items listed on the monthly checklist (i.e. hematology QC, calibrations, proficiency results, temperature logs and maintenance). 2. Observation of the proficiency testing records confirmed there was no documented review by the TC of the proficiency results for the 3rd event of 2017, 1st, 2nd, 3rd events of 2018, and 1st, 2nd events of 2019 3. Observation of the ABX Micros 60 Hematology analyzer records revealed no documented review by the TC of the QC, calibrations or maintenance from 8/8/17 through 8/20/19. 4. Observation of the temperature records (room, freezer, humidity, refrigerator) revealed no documented review by the TC from 8/8/17 through 8/20/19.