Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	25D1047462	01/15/2026
Name of Provider or Supplier	**Street Address, City, State**	
Greene County Hospital	1017 Jackson Avenue, Leakesville, 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
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) (b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records since the last survey on 1/4/2024 and lack of laboratory director signatures on chemistry, hematology, and immunology /immunohematology attestation statements, the laboratory director failed to attest to the routine integration of the samples into the patient workload using the laboratory's routine methods for six, of six, chemistry PT events, five, of six, hematology PT events, and four, of six, immunology/immunohematology PT events performed in 2024 and 2025. Findings include: 1. Review of proficiency testing records since the last survey on 1/4/2024 revealed no laboratory director signatures on the chemistry attestation statements for Events 1, 2, and 3 of 2024 and for Events 1, 2, and 3 of 2025, six of the six chemistry PT events performed during this time frame. 2. Review of proficiency testing records since the last survey on 1/4/2024 revealed no laboratory director signatures on the hematology attestation statements for Events 1, 2, and 3 of 2024 and for Events 2 and 3 of 2025, five of the six hematology PT events performed during this time frame. 3. Review of proficiency testing records since the last survey on 1/4/2024 revealed no laboratory director signatures on the immunology /immunohematology attestation statements for Events 1 and 2 of 2024 and for Events 2 and 3 of 2025, four of the six immunology/immunohematology PT events performed during this time frame.
D3037	RETENTION REQUIREMENTS CFR(s): 493.1105(a)(4)

	(a)(4) Proficiency testing records. Retain all proficiency testing records for at least 2 years. This STANDARD is not met as evidenced by: Based on review of proficiency testing records since the last survey on 1/4/2024 and missing attestation statements, the laboratory failed to retain two, of six, immunology /immunohematology attestation statements and one, of six, hematology attestation statements for at least 2 years. Findings include: Review of proficiency testing records since the last survey on 1/4/2024 revealed the following attestation statements, signed by the individuals testing the samples and the laboratory director, were not retained for at least 2 years: 1. Immunology/immunohematology signed attestation statements for Event 3 of 2024 and for Event 1 of 2025 were not retained. 2. Hematology signed attestation statement for Event 1 of 2025 was not retained.
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) (d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: Based on review of the manufacturer's package inserts for RecombiPlastin 2G prothrombin time (PT) reagent Lot #N1127272, expiration date 12/31/2024, and Lot# N1047324, expiration date 11/30/2026, interview with the general supervisor on 1/15 /2026 at 2:15 p.m., and patient test reports from the Instrumentation Laboratories (IL) ACL-Elite coagulation system, PT reagent Lot #N1127272 was used for prothrombin time testing for five days after it had exceeded its expiration date of 12/31/2024, when a total of nine patient prothrombin time (PT) specimens were tested and results reported. Findings include: 1. Review of the manufacturer's package insert for RecombiPlastin 2G PT reagent Lot #N1127272 revealed the manufacturer's expiration date was 12/31/2024, and review of the manufacturer's package insert for RecombiPlastin 2G PT reagent Lot #N1047324, currently in use, revealed it was put in use for patient testing on 1/22/2025. 2. In an interview on 1/15/2026 at 2:15 p.m., the general supervisor confirmed that RecombiPlastin 2G PT reagent Lot #N1127272, expiration date 12/31/2024, was used for patient testing until the new lot was put in use on 1/22/2025. 3. Review of patient test reports from the IL ACL-Elite coagulation system revealed the following nine patient PT samples were tested and the results reported from 1/1/2025 through 1/21/2025: Patient #M000245882 on 1/8/2025 at 5:28 a.m. Patient #M000000959 on 1/8/2025 at 5:40 a.m. Patient #M000245882 on 1/8 2025 at 3:34 p.m. Patient #M000000959 on 1/8/2025 at 4:23 p.m. Patient #M000249109 on 1/9/2025 at 10:59 a.m. Patient #M000000959 on 1/16/2025 at 6:15 a.m. Patient #M000246566 on 1/16/2025 at 9:38 a.m. Patient #M000004936 on 1/17 /2025 at 11:32 a.m. Patient #M000005410 on 1/19/2025 at 10:25 a.m.
D5439	CALIBRATION AND CALIBRATION VERIFICATION CFR(s): 493.1255(b) (b)(1) Following the manufacturer's calibration verification instructions; (b)(2) Using the criteria verified or established by the laboratory under 493.1253(b)(3)-- (b)(2)(i) Including the number, type, and concentration of the materials, as well as acceptable

	limits for calibration verification; and (b)(2)(ii) Including at least a minimal (or zero) value, a mid-point value, and a maximum value near the upper limit of the range to verify the laboratory's reportable range of test results for the test system; and (b)(3) At least once every 6 months and whenever any of the following occur: (b)(3)(i) A complete change of reagents for a procedure is introduced, unless the laboratory can demonstrate that changing reagent lot numbers does not affect the range used to report patient test results, and control values are not adversely affected by reagent lot number changes. (b)(3)(ii) There is major preventive maintenance or replacement of critical parts that may influence test performance. (b)(3)(iii) Control materials reflect an unusual trend or shift, or are outside of the laboratory's acceptable limits, and other means of assessing and correcting unacceptable control values fail to identify and correct the problem. (b)(3)(iv) The laboratory's established schedule for verifying the reportable range for patient test results requires more frequent calibration verification. This STANDARD is not met as evidenced by: Based on review of calibration verification records since the last survey on 1/4/2024, review of the Lab Specimen Log for blood gases printed from the laboratory information system, and confirmation by the general supervisor on 1/14/2026 at 3:00 p.m., the laboratory failed to perform calibration verification on the Instrumentation Laboratories (IL) GEM Premier 3500 analyzer for blood gas testing - pH, pO2, and pCO2 - at least every six months since 1/4/2024. A total of 171 blood gas results were reported during the time frames that the calibration verification was not performed every six months. Findings include: 1. Review of calibration verification records since the last survey on 1/4/2024 revealed calibration verification was not documented as performed for blood gas testing on the IL GEM Premier 3500 analyzer for ten months, from 1/19/2024 until 11/15/2024, and for twelve months, from 11/15/2024 until 11/7/2025. 2. Review of the Lab Specimen Log for blood gas testing for 7/19/2024, the date calibration verification was due, through 11/14/2024 revealed 102 blood gas results were reported during this time frame. 3. Review of the Lab Specimen Log for blood gas testing for 5/15/2025, the date calibration verification was due, through 11/6/2025 revealed 69 blood gas results were reported during this time frame. 3. The general supervisor confirmed in an interview on 1/14/2026 at 3:00 p.m. that there was no documentation of calibration verification for the IL GEM Premier 3500 analyzer from 1/19/2024 until 11/15/2024, and no documentation of calibration verification from 11/15/2024 until 11/7/2025. THIS IS A REPEAT DEFICIENCY.