

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D2009509	(X3) Date Survey Completed 07/19/2018
Name of Provider or Supplier St Dominic's Family Medicine - Pelahatchie	Street Address, City, State 610 2nd St, Pelahatchie, 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
D2000	<p>ENROLLMENT AND TESTING OF SAMPLES CFR(s): 493.801</p> <p>Each laboratory must enroll in a proficiency testing (PT) program that meets the criteria in subpart I of this part and is approved by HHS. The laboratory must enroll in an approved program or programs for each of the specialties and subspecialties for which it seeks certification. The laboratory must test the samples in the same manner as patients' specimens. For laboratories subject to 42 CFR part 493 published on March 14, 1990 (55 FR 9538) prior to September 1, 1992, the rules of this subpart are effective on September 1, 1992. For all other laboratories, the rules of this subpart are effective January 1, 1994.</p> <p>This CONDITION is not met as evidenced by: Based on surveyor review of the Centers of Medicare and Medicaid Services database proficiency testing report and confirmation by laboratory staff at 1:30 PM on 7/19/18, the laboratory failed to enroll and participate in an HHS approved proficiency testing (PT) program for CBC (complete blood count) performed on the Sysmex XP 300 hematology analyzer. The laboratory must enroll and participate in an approved program for the specialties performed by the laboratory.</p>