

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  25D2058005	<b>(X3) Date Survey Completed</b>  02/07/2019
<b>Name of Provider or Supplier</b>  Baptist Leake Primary Care Center	<b>Street Address, City, State</b>  1100 Hwy 16 East, Carthage, MS	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D2007</b>	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods</p> <p>This STANDARD is not met as evidenced by: Based on review of hematology proficiency testing (PT) records since the last survey on 3-30-17, the Centers for Medicare and Medicaid Services (CMS) 209 personnel form, and personnel records, hematology proficiency testing was not rotated among the testing personnel who performed patient complete blood count (CBC) testing during this time frame. Findings include: Review of the CMS 209 personnel form and PT records since the last survey on 3-30-17 revealed Testing Personnel #2, listed on the CMS 209 personnel form, performed four of the five PT events since 3-30-17. There was no documentation that Testing Personnel #1 participated in performance of hematology PT since 3-30-17 or that Testing Personnel #3 participated in performance of hematology PT since this individual's initial laboratory training on 11-7-17. THIS IS A REPEAT DEFICIENCY.</p>
<b>D5291</b>	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on review of hematology proficiency testing (PT) records since the last survey on 3-30-17, the Policy and Procedure Manual, and lack of documentation of investigative and corrective actions, the laboratory failed to follow its Proficiency Testing policy for hematology Proficiency Testing Event 2 of 2018, when the laboratory received unsatisfactory scores for hematocrit and platelets. Findings include: Review of the Policy and Procedure Manual revealed the laboratory's Proficiency Testing policy for PT failures states, "Investigative and corrective actions must be taken to prevent recurrence. All steps taken must be documented and included in the review by the medical director." Review of hematology PT records since the last survey on 3-30-17 revealed no documentation of investigative and corrective actions taken to prevent recurrence for PT scores of 60% for hematocrit and 40% for platelets for Event 2 of 2018.