

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D2078026	(X3) Date Survey Completed 08/24/2022
Name of Provider or Supplier Csl Plasma, Inc	Street Address, City, State 9245 Highway 49, Gulfport, 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
D6049	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)(iii)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of documentation of monthly review of quality control records, to include calibration verification records, since 11/23/20, review of room temperature records, and confirmation by Testing Personnel #17 listed on the Centers for Medicare and Medicaid Services (CMS) 209 personnel form, a qualified technical consultant failed to document review of these records since 11/23/20. Findings include: Review of documentation of monthly review of quality control records of total protein testing on nine Reichert refractometers, to include calibration verification records, since the last survey on 11/23/20 and temperature records revealed no documentation of review of these records by a qualified technical consultant since 11/23/20. Testing Personnel #17, listed on the CMS 209 personnel form, confirmed these records were not reviewed by a qualified technical consultant since 11/23/20. THIS IS A REPEAT DEFICIENCY.</p>