

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D2081934	(X3) Date Survey Completed 10/26/2021
Name of Provider or Supplier St Dominic's Internal Medicine	Street Address, City, State 106 Highland Way, Suite 200, Madison, 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
D3037	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(4)</p> <p>Proficiency testing records. Retain all proficiency testing records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the laboratory proficiency testing (PT) records from 6/20/2019 through 10/26/2021 and confirmation with the technical consultant (TC) at 12:30 p.m. on 10/26/21, the laboratory failed to retain all proficiency testing records. Findings include: 1. Observation of proficiency testing records revealed the laboratory did not retain the following: a. Signed attestation statements for 2nd and 3rd events of 2019 and 1st event of 2020 b. Graded results from the PT provider for 1st event of 2020 c. Analyzer printouts for 2nd and 3rd events of 2019 and 1st event of 2020 d. Documentation of PT record review for 2nd and 3rd events of 2019 and 1st event of 2020 2. Interview with the TC at 12:30 p.m. on 10/26/2021 confirmed previously listed proficiency records were not retained with the completion of each proficiency testing event.</p>