Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 25D2136510	**(X3) Date Survey Completed** 12/18/2019
Name of Provider or Supplier Mays Medical Wellness, Llc	**Street Address, City, State** 3964 Goodman Rd E Ste 128, Southaven, 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**
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history. This CONDITION is not met as evidenced by: Based on surveyor desk review of the laboratory proficiency testing (PT) records (graded copies from the proficiency testing provider and the Centers for Medicare and Medicaid Services data system) on 12/18/19, the laboratory did not successfully participate in proficiency testing for ERYTHROCYTE COUNT and HEMATOCRIT. Findings include: Our records indicate the following proficiency testing scores for your laboratory for ERYTHROCYTE COUNT and HEMATOCRIT: PROFICIENCY TESTING PROVIDER: Medical Laboratory Evaluation ERYTHROCYTE COUNT: Year 2019 2nd Event 0% Year 2019 3rd Event 60% HEMATOCRIT: Year 2019 2nd Event 0% Year 2019 3rd Event 60% Scores less than 80% for this analyte or

	parameter indicates failure for unsatisfactory performance. A failure of the analyte or parameter for two consecutive or two out of three testing events is scored as initial unsuccessful performance.
D2130	HEMATOLOGY CFR(s): 493.851(f) Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on surveyor desk review of the laboratory proficiency testing (PT) records (graded copies from the proficiency testing provider and the Centers for Medicare and Medicaid Services data system) on 12/18/19, the laboratory did not successfully participate in proficiency testing for ERYTHROCYTE COUNT and HEMATOCRIT. Findings include: Our records indicate the following proficiency testing scores for your laboratory for ERYTHROCYTE COUNT and HEMATOCRIT: PROFICIENCY TESTING PROVIDER: Medical Laboratory Evaluation ERYTHROCYTE COUNT: Year 2019 2nd Event 0% Year 2019 3rd Event 60% HEMATOCRIT: Year 2019 2nd Event 0% Year 2019 3rd Event 60% Scores less than 80% for this analyte or parameter indicates failure for unsatisfactory performance. A failure of the analyte or parameter for two consecutive or two out of three testing events is scored as initial unsuccessful performance.