Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	25D2160281	04/10/2025
Name of Provider or Supplier	**Street Address, City, State**	
Mrh Med Grp-Verona Family Medicine & Urgent Care	5024 Raymond Ave, Tupelo, 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
D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) (a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer. This STANDARD is not met as evidenced by: Based on review of preventive maintenance logs for the CDS Medonic M-Series Hematology analyzer from 5/1/2023 through 3/31/2025, interviews with Laboratory Director/Technical Consultant (LD/TC) and Testing Personnel #1 (TP #1) and lack of documentation of preventive maintenance, the laboratory failed to perform and document monthly maintenance for five of twenty-three months. Findings include: 1. Review of preventive maintenance logs for the CDS Medonic M-Series Hematology analyzer from 5/1/2023 through 3/31/2025, revealed no documentation of the following monthly maintenance procedures for five months, from November 2024 through March 2025. a. Monthly maintenance procedures- "Monthly Cleaning" and "Clot Prevention." 2. An interview with the LD/TC and TP #1 on 4/10/2025 at 1:30 p. m., confirmed monthly maintenance was not performed as required by the manufacturer. THIS IS A REPEAT DEFICIENCY
D5437	CALIBRATION AND CALIBRATION VERIFICATION CFR(s): 493.1255(a) (a)Unless otherwise specified in this subpart, for each applicable test system the laboratory must perform and document calibration procedures-- (a)(1) Following the manufacturer's test system instructions, using calibration materials provided or specified, and with at least the frequency recommended by the manufacturer; (a)(2) Using the criteria verified or established by the laboratory as specified in 493.1253(b)(3)-- (a)(2)(i) Using calibration materials appropriate for the test system and, if

	possible, traceable to a reference method or reference material of known value; and (a)(2)(ii) Including the number, type, and concentration of calibration materials, as well as acceptable limits for and the frequency of calibration; and (a)(3) Whenever calibration verification fails to meet the laboratory's acceptable limits for calibration verification. This STANDARD is not met as evidenced by: Based on review of the CDS Medonic M-Series Hematology analyzer records including quality control, maintenance, and calibration and confirmation with the Laboratory Director/Technical Consultant (LD/TC) and Testing Personnel #1 (TP #1) as listed on the Centers for Medicare and Medicaid Services 209 personnel form, the laboratory failed to perform calibration on complete blood count (CBC) performed on the CDS Medonic M-Series every six months as required by the instrument's manufacturer instructions for one of four six-month calibrations. Findings include: 1. Review of the CDS Medonic M-Series calibration records revealed calibration was performed on 6/7/2023, 2/21/2024, and 7/12/2024. There has been no calibration performed on the Medonic Hematology analyzer since 7/12/2024. This timeframe of calibrations performed has exceeded the requirements of the manufacturer. 2. Review of the CDS Medonic M-Series calibration records revealed one of four calibrations from 6/7/2023 to 4/10/2025 were not performed every six months as required by the manufacturer. 3. An interview with the LD/TC and TP #1 on 4/10/2025 at 2:00 p.m., confirmed CBC calibrations were not performed every six months on the CDS Medonic M-Series Hematology analyzer. THIS IS A REPEAT DEFICIENCY
D6019	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv) (e)(4)(iv) An approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory; This STANDARD is not met as evidenced by: Based on review of the laboratory's proficiency testing (PT) records performed since 3/23/2023, interviews with the Laboratory Director/Technical Consultant (LD/TC) and Testing Personnel #1 (TP #1) and lack of documentation of corrective action for unsatisfactory scores for 2nd event of 2024, the laboratory director failed to ensure that an approved corrective action plan was followed when PT results were found to be unsatisfactory for one of seven proficiency testing events. Findings include: 1. Review of the complete blood count (CBC) PT scores for 2023, 2024 and 1st event of 2025, revealed a score of 0% for CBC on 2nd event of 2024. 2. There was no documentation of corrective action for one of seven proficiency testing events available for review on 4/10/2025. 3. An interview with the LD/TC and TP #1 on 4/10/2025 at 2:00 p.m., confirmed there was no documentation of corrective action for the unsatisfactory scores of 0% for CBC for 2nd event of 2024.
D6041	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(3) (b)(3) Enrollment and participation in an HHS approved proficiency testing program commensurate with the services offered;

	This STANDARD is not met as evidenced by: Based on review of the laboratory's proficiency testing records, the Centers for Medicare and Medicaid Services (CMS) data system CASPER report 0155D and interviews with the Laboratory Director/Technical Consultant (LD/TC) and Testing Personnel #1 (TP #1), the TC failed to ensure the laboratory participated in an HHS approved proficiency testing (PT) program for complete blood count (CBC) for one of seven proficiency testing events performed on the CDS Medonic M-Series Hematology analyzer. Findings include: 1. Review of the laboratory proficiency records from 2023, 2024, and 1st event of 2025, revealed the laboratory did not participate in proficiency testing for the 2nd PT event of 2024 by submitting proficiency results for evaluation and grading. Review of the PT records on the day of survey revealed the laboratory retained the 2nd event analyzer printouts, attestation statement and reports sheets, but there was no evidence of PT results from the HHS proficiency program. 2. Review of the CMS data system CASPER report 0155D revealed a score of 0% for 2nd PT event of 2024. The laboratory failed to enroll and participate in one of seven PT events since the last survey on 3/23/2023. 3. The LD /TC and TP #1 confirmed in an interview on 4/10/2025 at 2:30 p.m., the laboratory did not participate in the 2nd PT event of 2024 for CBC testing. THIS IS A REPEAT DEFICIENCY
D6049	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)(iii) (b)(8)(iii) Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records; This STANDARD is not met as evidenced by: Based on review of laboratory temperature records from 1/2/2024 through 4/10/2025 and interviews with the Laboratory Director/Technical Consultant (LD/TC) and Testing Personnel #1 (TP #1), the Technical Consultant failed to document review of the laboratory's temperature records to include room, refrigerator and humidity for sixteen of sixteen months. Findings include: 1. Review of the temperature records from 1/2/2024 through 4/10/2025 revealed no documentation of review by the Technical Consultant for the room, refrigerator and humidity temperature records. 2. An interview with the LD/TC and TP #1 on 4/10/2025 at 12:30 p.m., confirmed there was no documented review of temperature records by the Technical Consultant for sixteen of sixteen months.