

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 27D0410260	<b>(X3) Date Survey Completed</b> 03/06/2020
<b>Name of Provider or Supplier</b> Phillips County Hospital	<b>Street Address, City, State</b> 311 8th Ave East, Malta, MT	
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>D0000</b>	Based on an offsite proficiency desk review conducted on 2/26/2020, deficiencies were cited for Phillips County Hospital in Malta, MT.
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> CFR(s): 493.803(a)(b)(c)</p> <p>(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.</p> <p>This CONDITION is not met as evidenced by: Based on routine desk audit of CMS-153 and 155 reports of proficiency testing performance and interview, the laboratory failed to achieve satisfactory performance for partial thromboplastin time (PTT) and prothrombin time (PT) for two of three events (event 2 and event 3 of 2019), resulting in unsuccessful proficiency testing performance. See D2130</p>

**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:

Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: {D2130} Based on review of proficiency testing scores and interview, the laboratory failed to achieve a score of 80 percent for partial thromboplastin time (PTT) and prothrombin time (PT), during two of three events in 2019. The findings include: 1. During a review on 2/27/2020 at 2:30 p.m. of the CMS-153 Unsuccessful Proficiency Testing Report included Phillips County Hospital with unsuccessful proficiency testing scores for PTT and PT. 2. During a review on 2/27/2020 at 2:30 p.m. of the CMS-155 report, the American Proficiency Institute (API) reported a score of 20% for PTT and PT for event 1 of 2019 and 40% for PTT and PT for event 3 of 2019. 3. On 3/06/2020 at 3:24 p.m., staff member A, emailed verification of the unsatisfactory results for event 2 and 3 of 2019. 4. On 3/09/2020 at 8:30 a.m., staff member A, stated the results did not print off in the same order/sequence as API therefore were reported incorrectly for event 2 of 2019, and the wrong analyzer was chosen when reporting results for event 3 of 2019.