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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>30D0087583 | <b>(X3) Date Survey Completed</b><br><br>01/11/2018 |
| <b>Name of Provider or Supplier</b><br><br>Huggins Hospital  | <b>Street Address, City, State</b><br><br>240 South Main St, Wolfeboro, NH |   |
| 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>  |
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| <b>D2016</b>              | <p><b>SUCCESSFUL PARTICIPATION</b><br/>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:<br/>Based on record review and phone interview, the laboratory failed to successfully participate in consecutive proficiency testing (PT) events for subspecialty mycology in 2017. Findings include: 1) Review on 1/11/2018 of CASPER Report 0155D (Individual Laboratory Profile) revealed the laboratory obtained unsatisfactory PT scores in the 2nd (60%) and 3rd (60%) Wisconsin State Laboratory of Hygiene (WSLH) PT events in 2017 for the subspecialty mycology. 2) Review on 1/11/2018 of the WSLH PT evaluation records revealed the laboratory obtained unsatisfactory scores for yeast identification within the subspecialty mycology. The laboratory obtained scores of 60% in the 2nd WSLH PT event in 2017 and 60% in the 3rd</p> |

WSLH PT event in 2017 for yeast identification testing. 3) Phone interview on 1/11/2018 at 11:45 a.m. with the Technical Supervisor confirmed the above findings.

**D2046**

**MYCOLOGY**  
CFR(s): 493.827(e)

Failure to achieve an overall testing event score of satisfactory performance for two consecutive testing events or two out of three consecutive testing events is unsuccessful performance.

This STANDARD is not met as evidenced by:

Based on record review and phone interview, the laboratory failed to achieve an overall satisfactory proficiency testing (PT) event score for mycology yeast identification in two consecutive events in 2017. Findings include: 1) Review on 1/11/2018 of CASPER Report 0155D (Individual Laboratory Profile) revealed the laboratory obtained unsatisfactory PT scores in the 2nd and 3rd Wisconsin State Laboratory of Hygiene (WSLH) PT events in 2017 for the subspecialty mycology. 2) Review on 1/11/2018 of the WSLH PT evaluation records revealed the laboratory obtained unsatisfactory scores for yeast identification within the subspecialty mycology. The laboratory obtained scores of 60% in the 2nd WSLH PT event in 2017 and 60% in the 3rd WSLH PT event in 2017 for yeast identification testing. 3) Phone interview on 1/11/2018 at 11:45 a.m. with the Technical Supervisor confirmed the above findings.