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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 30D0087583 | (X3) Date Survey Completed 04/15/2025 |
| Name of Provider or Supplier Huggins Hospital | Street Address, City, State 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. | | |

| (X4) ID Prefix Tag | Summary Statement of Deficiencies |
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| D0000 | Huggins Hospital had a Proficiency Testing (PT) survey performed on 4/3/2025 (offsite) and 4/15/2025 (onsite) for failed PT results. The survey for PT was performed pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at Title 42 CFR 493. |
| D2016 | <p>SUCCESSFUL PARTICIPATION 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 record review and staff interview, the laboratory failed to successfully participate in a proficiency testing program for routine chemistry testing in 2024 and 2025. Refer to D2087 and D2096.</p> |

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| D2087 | <p>ROUTINE CHEMISTRY CFR(s): 493.841(a)</p> <p>(a) Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory (lab) failed to attain satisfactory scores of 80% for partial pressure of oxygen (pO₂) in proficiency testing (PT) event 2 of 2024 and event 1 of 2025. Findings include: 1. Review on 4/3/2025 of CASPER Report 0155D revealed the following scores for pO₂ PT: 2024 Event 2 = 0% 2025 Event 1 = 20% 2. Interview with the Technical Supervisor on 4/15/2025 at 10:30 a.m. confirmed the above scores for pO₂.</p> |
| D2096 | <p>ROUTINE CHEMISTRY CFR(s): 493.841(f)</p> <p>(f) 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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory (lab) failed to achieve satisfactory performance for partial pressure of oxygen (pO₂) in 2 out of the last 3 proficiency testing (PT) events in 2024 and 2025 resulting in unsuccessful performance. Findings include: 1. Review on 4/3/2025 of CASPER Report 0155D revealed the lab obtained the following unsatisfactory scores for pO₂ PT: 2024 Event 2 = 0% 2025 Event 1 = 20% 2. Interview with the Technical Supervisor on 4/15/2025 at 10:30 a.m. confirmed the unsatisfactory scores for pO₂ listed above.</p> |