Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	30D0979580	09/02/2025
Name of Provider or Supplier	**Street Address, City, State**	
Mid-State Health Center	100 Robie Rd, Bristol, 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
D0000	Mid-State Health Center had an offsite documentation survey performed on 9/2/2025 for failed proficiency testing (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	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 record review, the laboratory (lab) failed to successfully participate in proficiency testing (PT) for hematocrit in 2025. Findings include: 1. The lab failed to

	attain satisfactory HCT PT scores in events 1 and 2 of 2025. Refer to D2121. 2. The lab's unsatisfactory HCT PT scores in consecutive events 1 and 2 of 2025 resulted in unsuccessful performance. Refer to D2130.
D2121	HEMATOLOGY CFR(s): 493.851(a) (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. This STANDARD is not met as evidenced by: Based on record review, the laboratory (lab) failed to attain satisfactory performance scores for hematocrit (HCT) proficiency testing (PT) in events 1 and 2 of 2025. Findings include: 1. Review on 9/2/2025 of American Proficiency Institute (API) Performance Summary for 2025 - Hematology / Coagulation Event 1 and Event 2 revealed the lab attained PT scores of 0% in Event 1 and 60% in Event 2 for HCT. 2. Review on 9/2/2025 of CASPER Report 0155D revealed the lab's PT scores for HCT in 2025 event 1 is 0% and 2025 event 2 is 60%.
D2130	HEMATOLOGY CFR(s): 493.851(f) (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 record review and staff interview, the laboratory (lab) achieved unsuccessful performance for hematocrit (HCT) proficiency testing (PT) in 2025 events 1 and 2. Findings include: 1. The lab attained unsatisfactory scores for HCT in events 1 and 2 of 2025, refer to D2121. Unsatisfactory performance for HCT in two consecutive events in 2025 is unsuccessful performance.