

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1100091	(X3) Date Survey Completed 10/28/2021
Name of Provider or Supplier Atlanticare Regional Medical Center - Hammonton	Street Address, City, State 219 White Horse Pike, Hammonton, NJ	
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
D2015	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(5)(6)</p> <p>(5) The laboratory must document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. The laboratory must maintain a copy of all records, including a copy of the proficiency testing program report forms used by the laboratory to record proficiency testing results including the attestation statement provided by the PT program, signed by the analyst and the laboratory director, documenting that proficiency testing samples were tested in the same manner as patient specimens, for a minimum of two years from the date of the proficiency testing event. (6) PT is required for only the test system, assay, or examination used as the primary method for patient testing during the PT event.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Proficiency Testing (PT) records and interview with the Office Manager (OM), the laboratory failed to sign attestation statements for the 2021 Chemistry Core first PT event with the American Proficiency Institute. The OM confirmed on 10/28/21 at 10:30 am that PT records were not maintained.</p>
D6029	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(11)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(11) Ensure that prior to testing patients' specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can</p>

perform all testing operations reliably to provide and report accurate results.

This STANDARD is not met as evidenced by:

Based on surveyor review of the Personnel Files (PF) and interview with the Office Manager (OM), the Laboratory Director (LD) failed to have appropriate education documentation for all Testing Personnel (TP) performing laboratory testing from 2/14/19 to the date of survey. The findings include: 1. The laboratory did not have education records for three out of fifteen TP listed on the CMS form 209. 2. The OM confirmed on 10/28/21 at 12:00 pm the above records were not on file.