

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 36D2166979	(X3) Date Survey Completed 10/13/2021
Name of Provider or Supplier Surviving Our Losses And Continuing	Street Address, City, State 729 6th Street, Portsmouth, OH	
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
D2007	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's CMS 209 form, proficiency testing (PT) records, and interviews with Testing Personnel (TP) #4 and TP#5, the laboratory failed to examine or test PT samples by all personnel who routinely perform testing in the laboratory. Patients tested from 03/20/2020 through 09/29/2021 had the potential to be affected by this deficient practice. Findings Include: 1. Review of the laboratory's CMS 209 form, approved, signed, and dated by the Laboratory Director on 09/23 /2021, revealed two Technical Consultants and five Testing Personal. 2. Review of four out of four of the laboratory's 2020-2021 College of American Pathology (CAP), PT attestation pages revealed a signature not listed on the CMS 209 form. 3. TP#4 and TP#5 verified the staff member who performed the 2020-2021 PT and signed the attestation pages did not routinely run patient's samples and was no longer employed by the laboratory. The interview occurred 10/13/2021 at 11:30 AM.</p>