

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 42D0249020	<b>(X3) Date Survey Completed</b> 05/21/2024
<b>Name of Provider or Supplier</b> Doctor's Care - Sumter	<b>Street Address, City, State</b> 2475 Broad St, Sumter, SC	
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>
<b>D0000</b>	The following deficiencies are the result of a desk review of proficiency testing scores obtained from the national database and verified with the laboratory. The laboratory was found to be out of compliance with the conditions of the CLIA program. The following CONDITION LEVEL DEFICIENCIES were found to be out of compliance: D2016-42 CFR 493.803 Condition: Successful participation (proficiency testing) D6000-42 CFR 493.1403 Condition: Laboratories performing moderate complexity testing: laboratory director
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> 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: D2016 Based on a proficiency testing desk review of Certification and Survey</p>

	<p>Provider Enhanced Reporting (CASPER) 0155 report and Doctor ' s Care Sumter records, the laboratory had not successfully participated in a proficiency testing program approved by HHS, for each specialty, subspecialty, and analyte in which the laboratory is certified under CLIA. The laboratory failed to successfully participate in the specialty of Hematology for the cell identification (ID) or white blood cell differential (WBC DIFF). Refer to D2130.</p>
<p><b>D2130</b></p>	<p><b>HEMATOLOGY</b> CFR(s): 493.851(f)</p> <p>Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.</p> <p>This STANDARD is not met as evidenced by: Based on proficiency testing desk review of CASPER 155 report and Doctor ' s Care-Sumter records, the laboratory failed to achieve satisfactory performance (80% or greater) for the same analyte WBC Diff, in two consecutive events is unsuccessful performance. Findings included: 1. Review of CASPER 0155 report revealed the following results: Hematology 2023-3rd event the laboratory received an unsatisfactory score of 13 for WBC Diff. Hematology 2024-1st event the laboratory received an unsatisfactory score of 0 for WBC Diff. 2. A review of Doctor ' s Care-Sumter records confirmed the laboratory received the above results.</p>
<p><b>D6000</b></p>	<p><b>MODERATE COMPLEXITY LABORATORY DIRECTOR</b> CFR(s): 493.1403</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.</p> <p>This CONDITION is not met as evidenced by: D6000 Based on proficiency testing desk review of CASPER 0155 report and Doctor ' s Care-Sumter 2023 and 2024 records, the laboratory director failed to provide overall management and direction of the laboratory services. Refer to D6016.</p>
<p><b>D6016</b></p>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(i)</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)(4)(i) Ensure that the proficiency testing samples are tested as required under Subpart H of this part;</p> <p>This STANDARD is not met as evidenced by: D6016 Based on proficiency testing desk review of CAPSER 0155 report and Doctor ' s Care-Sumter 2023 and 2024 records, the laboratory director failed to ensure that the</p>

overall quality of the laboratory services provided. The laboratory director failed to ensure successful participation in an HHS approved proficiency testing program. Refer to D2130.