

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 42D1075181	(X3) Date Survey Completed 04/30/2018
Name of Provider or Supplier Doctors Care - Carolina Forest	Street Address, City, State 200 Middleburg Dr, Myrtle Beach, SC	
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
D5211	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: During an onsite recertification survey on 04/30/2018, based on proficiency testing record review, and testing personnel interview, the laboratory failed to review and evaluate proficiency testing results for 1 of 7 proficiency testing events reviewed from 2016 through 2018 (2017, Event 3). Findings include: 1. Review of proficiency testing results revealed the following scores: a. 2017, Event 3; 0% for vaginal wet prep identification and 0% for vaginal wet prep KOH identification There was no documentation of director review and evaluation or corrective action for the failure. 2. Testing personnel confirmed during onsite interview on 04/30/2018 at 03:30pm, that the laboratory had failed to review and evaluate proficiency testing results.</p>
D5447	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(i)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- At least once a day patient specimens are assayed or examined perform the following for-- Each quantitative procedure, include two control materials of different concentrations; (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: During an onsite recertification survey on 04/30/2018, based on quality control record review, patient test log review, and testing personnel interview, it was determined that</p>

the laboratory failed to document at least two levels of acceptable complete blood count (CBC) quality control before patient testing on 1 of 30 random test days reviewed in 2017 (02/27/2017). Findings include: 1. Review of CBC quality control records revealed the following: a. On 02/27/2017, quality control materials were out of range for normal and high levels for the following analytes: white blood cell (WBC), hemoglobin (Hgb), hematocrit (Hct), lymphocytes (Lym), and granulocytes (Gra). 2. Review of patient test log revealed that six patients had CBCs performed on 02/27/2017 without an acceptable quality control run. 3. Testing personnel confirmed during the exit interview on 04/30/2018 at 3:30 pm that the laboratory failed to document at least two levels of acceptable quality control before patient testing.