Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	42D2079458	06/07/2018
Name of Provider or Supplier	**Street Address, City, State**	
Liberty Doctors Dba Surfside Beach Urgent Care	1945 Glenns Bay Road, Surfside 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
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: During an onsite recertification survey on 6/7/2018, based on proficiency testing record review and testing personnel interview, the laboratory director and testing personnel failed to sign the attestation statement for four of five proficiency testing events reviewed (2016, Events 2 and 3; 2017, Events 1 and 2). Findings include: 1. Review of proficiency testing records from American Proficiency Institute (API) revealed that the attestation statements for the four events listed above revealed the following: a. 2016, Event 2; 2017, Events 2 and 3: attestation not signed by the laboratory director b. 2016, Event 3: attestation not signed by the laboratory director or testing personnel 2. Testing personnel confirmed during the exit interview at 1:30 pm that the laboratory director and testing personnel failed to sign the attestation statements.
D5785	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(3) (b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met. This STANDARD is not met as evidenced by: During an onsite recertification survey on 6/7/2018, based on hematology quality

	contorl (QC) package insert reviewe, procedure manual review, temperature record review, and testing personnel interview, the laboratory failed to document corrective actions taken for out of range refrigerator temperatures from March 2017 through May 2018. Findings include: 1. Review of the package insert for the Ex-Trol hematology QC material states that QC material is stable when stored at 2 to 8 degrees Celsius. 2. Review of the laboratory's procdure manual a corrective action procedure, that states to circle any out of range temperatures and record what corrective actions were taken. 3. Review of the laboratory's refrigerator temperature records revealed the following number of days with a recorded temperature below 2 degrees Celsius: a. March 2017: 1 day b. May 2017: 3 days c. June 2017: 4 days d. July 2017: 2 days e. December 2017: 4 days f. January 2018: 1 day g. March 2018: 1 day h. May 2018: 1 day 4. Testing personnel confirmed during the exit interview at 1: 30 pm that the failed to document corrective actions for out of range temperatures.
D6054	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year. This STANDARD is not met as evidenced by: During an onsite recertification survey on 6/7/2018, based on CMS 209 review, testing personnel record review, and testing personnel interview, the laboratory failed to document annual competency evaluations for 5 of 5 testing personnel responsible for moderate complexity hematology testing for 2 of 2 years reviewed (2016 and 2017). Finding include: 1. The laboratory listed 5 testing personnel for moderately hematology complex testing on the CMS 209 on the day of the survey. 2. Review of testing personnel records revealed that all 5 employees did not have documented annual competency evaluations for the years 2016 or 2017 available for review on the day of the survey. 3. Testing personnel confirmed during the exit interview at 1:30 pm that the laboratory failed to document annual competency evaluations for the 5 testing personnel responsible for moderate hematology complexity testing for the years 2016 and 2017.