

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0029144	(X3) Date Survey Completed 12/08/2020
Name of Provider or Supplier Jackson Clinic, Pa North Convenient Care, The	Street Address, City, State 2859 Highway 45 Bypass, Jackson, TN	
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
D2016	<p>SUCCESSFUL PARTICIPATION 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: The laboratory failed to maintain satisfactory participation in two consecutive proficiency testing (PT) events for the cell identification analyte, resulting in the first unsuccessful PT occurrence for the cell identification analyte. (Refer to D2130)</p>
D2130	<p>HEMATOLOGY 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>

This STANDARD is not met as evidenced by:

Based on a desk review of the Centers for Medicare and Medicaid Casper Report 155 (CMS 155) and the laboratory's 2020 proficiency testing (PT) evaluation reports, the laboratory failed to maintain satisfactory performance for two consecutive PT events for the Cell Identification analyte. The findings include: 1. Review of the CMS 155 report revealed the following unsatisfactory Cell Identification scores: 2020 Event two = 60% 2020 Event three = 0% 2. Review of the laboratory's 2020 PT event two hematology evaluation report revealed sample numbers BCP-13 and BCP-15 scored as unacceptable resulting in a score of 60% for the cell identification analyte. 3. Review of the 2020 PT event three hematology evaluation report revealed a score of 0% for cell identification due to "Results for this kit were not received," resulting in the first unsuccessful PT occurrence for the Cell Identification analyte.