

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0311863	(X3) Date Survey Completed 02/10/2022
Name of Provider or Supplier Newport Pediatrics Pc	Street Address, City, State 1829 Crowe Lane, Newport, 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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: ===== Based on review of 2020 and 2021 Proficiency Testing (PT) attestation sheets and upon interview with the lead testing person, it was determined the laboratory director and testing personnel failed to sign the attestation sheets for Hematology during the two year period. The findings include: 1. A review of PT reports for 2020 and 2021 revealed the Hematology attestation sheets for the 1st, 2nd and 3rd events for 2020 and 2021 were not signed by the laboratory director and testing personnel. 2. An interview at approximately 1:00 p. m. on 02/10/2022 with the lead testing person confirmed the Hematology attestation sheets for the 1st, 2nd and 3rd events for 2020 and 2021 were not signed by the laboratory director and testing personnel. =====</p>
D6046	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)</p> <p>(b) The technical consultant is responsible for-- (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.</p> <p>This STANDARD is not met as evidenced by: ===== Based on review of employee</p>

personnel records for 2020 and 2021 and interview with the lead testing person, the laboratory's technical consultant failed to document the six required criteria for assessing personnel competency for all testing personnel (TP). The findings include: 1) Review of employee personnel records for 2020 and 2021 failed to include documentation of the six required criteria of competency that include: direct observation of routine patient test performance; monitoring the recording and reporting of test results; review of intermediate test results or worksheets, quality control records, proficiency testing results and preventative maintenance records; direct observation of performance of instrument maintenance and function checks; assessment of test performance through previously analyzed specimens, internal blind testing samples or external proficiency testing samples; and, assessment of problem solving skills. 2) An interview with the lead testing person on February 10, 2022 at 1:00 p.m. confirmed all testing personnel evaluated during 2020 and 2021 were not evaluated using the six criteria for competency required by Centers for Medicare and Medicaid (CMS). =====