Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	44D0314193	11/18/2019
Name of Provider or Supplier	**Street Address, City, State**	
Baptist Memorial Medical Group Inc	8970 Winchester Road, Memphis, 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
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part. This STANDARD is not met as evidenced by: Based on review of the 2018 proficiency testing (PT) records, the bi-monthly quality assessment (QA) documentation and interview with the laboratory liaison, the laboratory failed to verify accuracy twice annually for the wet prep, in 2018. The findings include: 1) Review of the 2018 PT records revealed the wet prep received failing scores in 2018: event two is 0% and and three is 0%. 2) Review of the bi-monthly QA documentation revealed the corrective actions for the failing scores did not include verification of accuracy. 3) Interview on November 118, 2019 at 11:20 a. m. with the laboratory liaison confirmed the wet prep was not verified for accuracy in 2018.
D6033	TECHNICAL CONSULTANT-MODERATE COMPEXITY CFR(s): 493.1409 The laboratory must have a technical consultant who meets the qualification requirements of 493.1411 of this subpart and provides technical oversight in accordance with 493.1413 of this subpart. This CONDITION is not met as evidenced by: Based on record review and interview, the technical consultant failed to ensure testing personnel received training prior to testing. This is a repeat deficiency. (Refer to

	D6045); and, failed to perform competency assessments for testing personnel performing provider performed microscopy procedures. This is a repeat citation. (Refer to D6055).
D6045	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(7) (b) The technical consultant is responsible for-- (b)(7) Identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; This STANDARD is not met as evidenced by: Based on review of the Laboratory Personnel Report form 209, the laboratory personnel records, the April 11, 2018 recertification survey plan of correction, interview with testing personnel number 1, and the laboratory liaison, the technical consultant failed to ensure testing personnel numbers 4, 5, 6, and 7 receive appropriate training prior to performing and reporting patient test reports for complete blood count (CBC). This is a repeat deficiency. The findings include: 1) Review of the Laboratory Personnel Report form 209 signed by the laboratory director on November 18, 2019, revealed testing personnel numbers 4, 5, 6, and 7 were not listed on the form as testing personnel. 2) Review of the laboratory personnel records revealed no records (qualifications, duties or initial training) for testing personnel numbers 4, 5, 6, and 7. 3) Review of the April 11, 2018 recertification survey plan of correction revealed this repeat deficiency plan of correction, "To prevent this deficient practice from reoccurring, there will be a new policy outlining office managers responsibilities to notify TC of new TP joining the clinic staff and that no patient testing may be performed until TC has trained and competency evaluations. Also TC will monitor more closely the TP listed, to assure all have had training and competency yearly. The TC will monitor this clinic bi-monthly." 4. Interview on November 18, 2019 at 10:45 a.m. with testing personnel number one confirmed testing personnel numbers 4, 5, 6, and 7 have always performed the CBC instrument morning start-up maintenance, the CBC quality control (QC) and/or patient testing. 5) Interview on November 18, 2019 at 10:55 a.m. with the laboratory liaison confirmed that since July 25, 2018, the technical consultant (TC) did not perform the initial training and confirm qualification for testing personnel numbers 4, 5, 6 and 7. Testing personnel numbers 4, 5, 6, and 7, and that the April 11, 2018 correction plan was not followed.
D6055	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 whenever test methodology or instrumentation changes. The individual's performance must be reevaluated to include the use of the new test methodology or instrumentation prior to reporting patient test results. This STANDARD is not met as evidenced by: Based on review of April 11, 2018 recertification survey plan of correction, the laboratory personnel records, interview with testing personnel number one and the laboratory liaison, the technical consultant failed to perform competency assessments

	for six of six testing personnel performing provider performed microscopy procedures (PPMP), in 2019. This is a repeat citation. The findings include: 1) Review of the April 11, 2018 recertification survey plan of correction revealed, "To prevent this deficiency from reoccurring, the TC will perform yearly competency on all TP January each year and a new policy on yearly competency. The TC will monitor this clinic bi-monthly to assure compliance." 2) Review of the laboratory personnel records revealed no qualification and no 2019 competency for the six of six testing personnel (testing personnel numbers 8, 9, 10, 11, 12 and 13) performing microscopy testing. 3) Interview on November 18, 2019 at 11:00 a.m. with testing personnel number one confirmed provider numbers 8, 9, 10, 11, 12, and 13 performed saline wet preps and potassium hydroxide (KOH) on patient samples in 2018 and 2019. 4) Interview on November 18, 2019 at 11:10 a.m. with the laboratory liaison confirmed the technical consultant (TC) the yearly competency was not performed for the six of six providers for wet prep and KOH testing, in 2019 and that the April 11, 2018 correction plan was not followed.