

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0918331	(X3) Date Survey Completed 05/14/2018
Name of Provider or Supplier Pediatric Physicians Pc	Street Address, City, State 1172 Vickery Lane, Cordova, 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
D6019	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(iv) Ensure that an approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory.</p> <p>This STANDARD is not met as evidenced by: Based on review of the College of American Pathologists (CAP) proficiency testing evaluation reports for hematology 2016 event 3 and 2017 event 3, the laboratory's policy titled "Quality Assessment Program" and interview with testing personnel number one, the laboratory director failed to ensure the proficiency testing corrective action policy was followed in 2016 and 2017. The findings include: 1. Review of the CAP proficiency testing evaluation report for hematology 2016 event 3 revealed the following: Unacceptable proficiency testing scores for the following analytes as follows: Red blood cell (RBC) analyte for sample #s FH2-11, FH2-12, FH2-13, FH2-14, FH2-15-resulting in an overall score for the RBC analyte of 0%; Hemoglobin for sample #s FH2-12, FH2-13, FH2-14, FH2-15-resulting in an overall score of 20% Hematocrit for sample #s FH2-11, FH2-12, FH2-13, FH2-14, FH2-15-resulting in an overall score of 0% Granulocyte Absolute count for sample #s FH2-11, FH2-14. Signature of the laboratory director with no corrective action documented on the proficiency testing evaluation report. 2. Review of the CAP proficiency testing evaluation report for hematology 2017 event 3 revealed the following: Unacceptable proficiency testing scores for the following analytes as follows: Hematocrit for sample #s FH2-11, FH2-12-resulting in an overall score of 60% Signature of the laboratory with no corrective action documented on the proficiency testing evaluation report. 3. Review of the laboratory's policy titled"Quality Assessment Program" revealed the</p>

following statement: "Any and all failures or analytes graded at below 100% are investigated and corrective active action is taken. These results and actions are documented on the report." 4. Interview with testing personnel number one on May 14, 2018 at 1pm confirmed the laboratory director failed to ensure the laboratory's proficiency testing corrective action policy was followed for 2016 event 3 and 2017 event 3.