

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  44D0921240	<b>(X3) Date Survey Completed</b>  12/20/2019
<b>Name of Provider or Supplier</b>  Grace Family Practice Clinic, Pc	<b>Street Address, City, State</b>  1716 Parr Ave Ste D, Dyersburg, TN	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D2016</b>	<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 out three events for automated white blood cell (WBC) differential, resulting in the first unsuccessful proficiency testing (PT) occurrence for the automated WBC differential analyte. (Refer to D2130).</p>
<b>D2130</b>	<p>HEMATOLOGY CFR(s): 493.851(f)</p> <p>Failure to achieve satisfactory performance for the same analyte in two consecutive</p>

events or two out of three consecutive testing events is unsuccessful performance.

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 2019 proficiency testing (PT) records, the laboratory failed to maintain successful participation in two out of three events for the White blood Cell (WBC) differential in 2019 events one and three, resulting in the first unsuccessful PT occurrence for the WBC differential analyte. The findings include: 1) Review of the CMS 155 report revealed the following unsatisfactory WBC differential scores: 2019 event one WBC differential = 67% and 2019 event three WBC differential = 67%. 2) Review of the 2019 event one PT summary report revealed the following: Lymphocyte % scored as fail for sample numbers HD-1, HD-2, HD-3, HD-4, and HD-5, resulting in an overall automated WBC differential score of 67%. 3) Review of the 2019 event three PT summary report revealed the following: Lymphocyte % scored as fail for sample numbers SYX-11, SYX-13, SYX-14; Mono /Mixed % scored as fail for sample number SYX-11 SYX-14; resulting in an overall automated WBC differential score of 67% and the first unsuccessful PT occurrence for the automated WBC differential analyte.