

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D2013512	(X3) Date Survey Completed 05/07/2019
Name of Provider or Supplier Saint Francis Medical Partners East	Street Address, City, State 4562 Poplar Ave, Suite 109, 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
D5893	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(b)(c)</p> <p>(b) The postanalytic systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of postanalytic systems quality assessment reviews with appropriate staff. (c) The laboratory must document all postanalytic systems quality assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on review of patient test reports, the laboratory quality assessment records, and interview with the technical consultant, the laboratory's patient test management assessment was ineffective when it failed to detect incomplete patient reporting of complete blood count (CBC) parameters in 2018 and 2019. The findings include: 1) Review of final patient CBC test reports from 2018 and 2019 (patient numbers three and four) revealed that the final CBC report in the patient electronic medical record (EMR) did not include all CBC parameters. 2) Review of the laboratory quality assessment records for 2018 and 2019 revealed no corrective action had been noted or performed for the incomplete patient test reports. 3) Interview with the technical consultant on May 7, 2019 at 11:00 am confirmed the laboratory quality assessment process for patient test report was ineffective when it failed to detect that final patient CBC test reports were incomplete in 2018 and 2019.</p>
D6041	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(3)</p> <p>(b) The technical consultant is responsible for-- (b)(3) Enrollment and participation in an HHS approved proficiency testing program commensurate with the services offered;</p>

This STANDARD is not met as evidenced by:

Based on review of the Centers for Medicare and Medicaid Services Casper Report 155 (CMS 155), the laboratory's proficiency testing records, patient test reports, the technical consultant job description, and interview with the technical consultant, the technical consultant failed to ensure the laboratory was enrolled in proficiency testing for complete blood count (CBC) for 2018 event one with patient testing performed. 1) Review of the CMS 155 report revealed no proficiency testing scores for 2018 event one. 2) Review of the laboratory's proficiency testing records revealed no participation in proficiency testing for 2018 event one for hematology. The 2018 enrollment confirmation did not include enrollment for 2018 event one. 3) Review of patient test reports for CBC revealed patient CBCs were reported in January, February and March of 2018 during the gap in proficiency testing participation. 4) Review of the technical consultant job description revealed the technical consultant is responsible for enrollment and participation in proficiency testing. 5) Interview with the technical consultant on May 7, 2019 at 10:30 am confirmed the technical consultant failed to ensure the laboratory was enrolled in proficiency testing for 2018 event one with patient testing performed.