Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	44D2015965	08/12/2025
Name of Provider or Supplier	**Street Address, City, State**	
Baptist Memorial Medical Group, Inc	36 Capital Way, Suite E, Atoka, 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
D2014	TESTING OF PROFICIENCY TESTING SAMPLES (b)(6) The laboratory must document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. The laboratory must maintain a copy of all records, including a copy of the proficiency testing program report forms used by the laboratory to record proficiency testing results including the attestation statement provided by the PT program, signed by the analyst and the laboratory director, documenting that proficiency testing samples were tested in the same manner as patient specimens, for a minimum of two years from the date of the proficiency testing event. This STANDARD is not met as evidenced by: Based on a review of the laboratory's proficiency testing records and staff interview, the laboratory failed to retain the proficiency testing (PT) attestation statements for one of four PT events reviewed from 2024 and 2025. The findings include: 1. A review laboratory's American Proficiency Institute PT records revealed the laboratory did not retain the PT attestation statements for 2024 Event Two (one of four events reviewed). 2. The technical consultant confirmed the survey findings during an interview on 008/12/25 at 4:30 p.m.
D5403	PROCEDURE MANUAL CFR(s): 493.1251(b) (b) The procedure manual must include the following when applicable to the test procedure: (b)(1) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for specimen acceptability and rejection as described in 493.1242. (b)(2) Microscopic examination, including the detection of inadequately prepared slides. (b)(3) Step-by-step performance of the procedure, including test calculations and interpretation of results. (b)(4) Preparation of slides, solutions, calibrators, controls, reagents, stains,

	and other materials used in testing. (b)(5) Calibration and calibration verification procedures. (b)(6) The reportable range for test results for the test system as established or verified in 493.1253. (b)(7) Control procedures. (b)(8) Corrective action to take when calibration or control results fail to meet the laboratory's criteria for acceptability. (b)(9) Limitations in the test methodology, including interfering substances. (b)(10) Reference intervals (normal values). (b)(11) Imminently life-threatening test results, or panic or alert values. (b)(12) Pertinent literature references. (b)(13) The laboratory's system for entering results in the patient record and reporting patient results including, when appropriate, the protocol for reporting imminently life threatening results, or panic, or alert values. (b)(14) Description of the course of action to take if a test system becomes inoperable. This STANDARD is not met as evidenced by: Based on laboratory observation, a review of patient test reports, a review of the Sysmex XN 330 operator's manual, lack of procedures, and staff interview, the laboratory failed to have a procedure to follow when results for Complete Blood Count with automated White Blood Cell Differential (CBC w/Diff) results were flagged by the instrument. The findings include: 1. Laboratory observation on 08/12 /25 at 1:00 p.m. revealed the Sysmex XN 330 used for performing CBC w/Diff patient testing. 2. A review of patient test reports revealed the following: For patient 18430608, performed on 06/24/25, the instrument printout had a platelet suspect message of "PLT Clumps" and an asterisk next to the Platelet and Mean Platelet Volume results. For patient 185232483, performed on 07/29/25, the instrument printout had a platelet suspect message of "PLT Clumps" and an asterisk next to the Platelet and Mean Platelet Volume results. Neither patient had been repeated, and both results were recorded in the patient's electronic medical record without any indication that actions were taken to resolve the flagged results. 3. A review of the Sysmex XN 330 Operators Manual revealed the following: "A Positive or Error judgment indicates the possibility of an abnormality. It is not a diagnosis of the patient. If a Positive or Error judgment occurs, check the data and repeat the analysis, or examine carefully in accordance with the protocol of your laboratory. The "PLT Clumps?" message indicated the "Possibility of PLT clumps." Other platelet abnormal messages listed were PLT-Abn Distribution-Abnormal platelet distribution, PLT Abn Scattergram-Abnormal platelet scattergram. White Blood Cell suspect and abnormal messages listed included Left shift?-possibility of left shift, Blasts/Abn Lympho?-Possibility that blasts are present/Possibility of abnormal lymphocytes, Atypical Lympho?-Possibility of atypical lymphocytes, NRBC?-Possibility of nucleated red blood cells for the White Blood Cell parameters, Suspect messages listed for the Red Blood Cell parameters included RBC Agglutination?-Possibility of RBC agglutination, Turbidity/HGB Interf?-Possibility of effect on hemoglobin by chylemia, Iron Deficiency?-Possibility of iron deficiency, HGB Defect?- Possibility of hemoglobin abnormality, Fragments?- Possibility of fragmented red blood cells, iRBC?*2-Possibility of erythrocyte inclusions. 4. The laboratory procedure manual did not include a protocol to follow for flagged CBC w/Diff results. 5. The technical consultant confirmed the survey findings during an interview on 08/12/25 at 4:30 p.m.
D5785	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(3) (b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met.

	This STANDARD is not met as evidenced by: Based on a review of environmental records, lack of documentation, and staff interview, the laboratory failed to document corrective action for humidity readings that were outside the laboratory's established ranges for 32 of 32 days in December 2024, January 2025, February 2025, and March 2025. The findings include: 1. A review of the laboratory's environmental records revealed that the documented humidity was not within the laboratory's specified range of 20-85% for seven days in December 2024 (12/02, 12/03, 12/04, 12/06, 12/12, 12/13, 12/23), fifteen days in January 2025 (01/06, 01/07, 01/08, 01/09, 01/14, 01/16, 01/17, 01/20, 01/21, 01/22, 01 /23, 01/24, 01/27, 01/28, 01/29), seven days in February 2025 (02/10, 02/14,02/17, 02 /18, 02/20, 02/21, 02/24), and three days in March 2025 (03/03, 03/06, 03/07). 2. No corrective action was documented for any of the dates when the humidity readings were outside the laboratory's acceptable range. 3. The technical consultant confirmed the survey findings during an interview on 08/12/25 at 4:30 p.m.