Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	44D2107298	06/01/2022
Name of Provider or Supplier	**Street Address, City, State**	
Humboldt Family Walk-In Clinic	1600 Coleman Drive, Humboldt, 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
D2007	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods This STANDARD is not met as evidenced by: Based on observation of the laboratory, review of the Center for Medicare and Medicaid Service Laboratory Personnel Report (CLIA) form (Form CMS - 209), review of proficiency testing (PT) record and interview with the laboratory liaison, the laboratory failed to test PT samples by personnel who routinely perform complete blood count (CBC) testing for three of three PT events in 2021. The findings include: 1. Observation of the laboratory on 06.01.2022 at 11:00 am revealed the use of Beckman Coulter AcT diff in use for complete blood count (CBC) patient testing. 2. Review of the Form CMS - 209 revealed three technical personnel performing moderate complexity CBC patient testing. 3. Review of the laboratory's 2021 proficiency testing (PT) attestation records revealed the same testing person performed PT testing for each event. 4. Interview with the laboratory liaison on 06.01.2022 at 2:00 pm confirmed the laboratory failed to test PT samples by personnel who routinely perform CBC patient testing in 2021.
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 observation of the laboratory, lack of documentation, review of patient test records and interview with the laboratory liaison, the laboratory failed to verify the accuracy of the microscopic wet prep in 2020 and 2021. The findings include: 1. Observation of the laboratory on 06.01.2022 at 11:00 am revealed a microscope in use for moderate conplexity wet prep patient testing. 2. Request for 2020 and 2021 twice a year verification of accuracy for microscopic wet prep revealed no documents were available. 3. Review of patient test reports revealed microscopic wet prep performed on 01.06.2020 and 04.22.2021. 4.Interview with the laboratory liaison on 06.01.2022 at 2:00 pm confirmed that the laboratory failed to verify the accuracy of the microscopic wet prep twice a year in 2020 and 2021.