

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0507433	(X3) Date Survey Completed 08/05/2022
Name of Provider or Supplier Lamb Healthcare Center	Street Address, City, State 1500 South Sunset, Littlefield, TX	
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
D0000	Based on a proficiency testing desk review survey performed on August 5, 2022, the laboratory was found to be out of compliance based on the following CONDITION LEVEL DEFICIENCIES : D2016 - 42 C.F.R. 493.803 Condition: Successful participation D6076 - 42 C.F.R. 493.1441 Condition: Laboratories performing high complexity testing; laboratory director;
D2016	<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: Based on review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and American Proficiency Institute evaluation reports, the laboratory failed to achieve successful performance in</p>

	<p>two of three consecutive testing events for the specialty Immunohematology for the analyte Compatibility, resulting in unsuccessful performance. Refer to D2181.</p>
D2181	<p>COMPATIBILITY TESTING CFR(s): 493.863(e)</p> <p>Failure to achieve an overall testing event score of satisfactory for two consecutive testing events or two out of three consecutive testing events is unsuccessful performance.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and American Proficiency Institute evaluation reports, the laboratory failed to achieve successful performance in two of three consecutive testing events in 2021 for the specialty Immunohematology for the analyte Compatibility, resulting in unsuccessful performance. The findings included: Based on review of the American Proficiency Institute evaluation reports from the first and third events of 2021, the laboratory receive the following scores: 1) First event 2021, Compatibility Testing - score of 60 percent 2) Third event of 2021, Compatibility Testing - score of 80 percent. For Compatibility testing, the laboratory must score 100 percent for successful performance.</p>
D6076	<p>LABORATORY DIRECTOR CFR(s): 493.1441</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart.</p> <p>This CONDITION is not met as evidenced by: Based on review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and American Proficiency Institute evaluation reports, the laboratory director failed to ensure successful participation in an HHS approved proficiency testing program for two of three consecutive testing events in 2021 for the specialty Immunohematology for the analyte Compatibility, resulting in unsuccessful performance. Refer to D6089.</p>
D6089	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(i)</p> <p>The laboratory director must ensure the proficiency testing samples are tested as required under subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and American Proficiency Institute evaluation reports, the laboratory director failed to ensure successful participation in an HHS approved proficiency testing program for two of three consecutive testing events in 2021 for the specialty Immunohematology for the analyte Compatibility, resulting in unsuccessful performance. Refer to D2181.</p>