

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D0660553	<b>(X3) Date Survey Completed</b>  11/08/2022
<b>Name of Provider or Supplier</b>  Starr County Memorial Hospital	<b>Street Address, City, State</b>  128 N Fm 3167, Rio Grande City, TX	
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>D0000</b>	Based on a proficiency testing desk review survey performed on November 8, 2022, the laboratory was found to be out of compliance based on the following <b>CONDITION LEVEL DEFICIENCIES:</b> D2016 - 42 C.F.R. 493.803 Condition: Successful participation D6000 - 42 C.F.R. 493.1403 Condition: Laboratory Director, moderate complexity
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> 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 College of American Pathologists (CAP) evaluation reports, the laboratory failed to achieve satisfactory</p>

performance in two of three consecutive testing events for Parasitology, resulting in an initial unsuccessful performance (refer to D2047).

**D2047**

**PARASITOLOGY**  
CFR(s): 493.829(a)

Failure to attain an overall testing event score of at least 80 percent is unsatisfactory performance.

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 College of American Pathologists (CAP) evaluation reports, the laboratory failed to achieve satisfactory performance in two of three consecutive testing events for Parasitology from 2021 (event 3) and 2022 (event 2), resulting in an initial unsuccessful performance. The findings included: 1. Based on review of the CASPER Report 155 and CAP proficiency testing records for Parasitology third event of 2021 and second event of 2022, the laboratory received the following scores: a. 2021 (3rd event) Parasitology: laboratory received a score of 33% On specimen P-16, the laboratory reported Giardia duodenalis. The expected result was Dientamoeba fragilis; the performance was unacceptable. On specimen P-17, the laboratory reported Ascaris lumbricoides eggs, Trichuris trichiura eggs, and Hookworm eggs. The expected result was Blastocystis species; the performance was unacceptable. The laboratory received unacceptable values on 2 of 3 specimens. A third specimen was not graded due to lack of consensus. b. 2022 (2nd event) Parasitology: laboratory received a score of 67% On specimen P-12, the laboratory reported Chilomastix mesnili. The expected result was Giardia duodenalis; the performance was unacceptable. The laboratory received unacceptable values on 1 of 3 specimens. Two other specimens were not graded due the laboratory not testing the specimen type.

**D2087**

**ROUTINE CHEMISTRY**  
CFR(s): 493.841(a)

Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event.

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 the laboratory's College of American Pathologists (CAP) proficiency testing records, the laboratory failed to attain a score of at least 80 percent of acceptable responses in 2022 (event 2) for the analytes PO2 Blood Gas and Sodium in Routine Chemistry. The findings included: 1. Based on review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory the laboratory received the following scores for 2022 (event 2): Routine Chemistry - Second Event - Analyte #0325 (PO2): 40% Routine Chemistry - Second Event - Analyte #0475 (Sodium): 40% 2. Based on review of the CAP proficiency testing performance evaluation reports: Routine Chemistry - Second Event - Analyte #0325 (PO2): 40% Sample Reported Result Expected Performance AQ-08 66 70 - 88 Unacceptable AQ-09 75 83 - 12 Unacceptable AQ-10 81 88 - 106 Unacceptable Routine Chemistry - Second Event - Analyte #0475 (Sodium): 40% Sample Reported Result Expected Performance CHM-

06 166 155 - 164 Unacceptable CHM-08 154 144 - 153 Unacceptable CHM-09 171 161 - 170 Unacceptable

**D2122**

**HEMATOLOGY**  
CFR(s): 493.851(b)

Failure to attain an overall testing event score of at least 80 percent is unsatisfactory performance.

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 College of American Pathologists (CAP) proficiency testing records, the laboratory the laboratory failed to attain a score of at least 80 percent for one of one overall testing score in 2022 (event 2) in Hematology. The findings included: 1. Based on review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory the laboratory received a score of 75% for overall Hematology (event 2) testing event. 2. Based on review of the College of American Pathologists (CAP) records for the second event of 2022, the laboratory received a score of 75% for overall Hematology (event 2) testing event.

**D6000**

**MODERATE COMPLEXITY LABORATORY DIRECTOR**  
CFR(s): 493.1403

The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.

This CONDITION is not met as evidenced by:  
Based on desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and College of American Pathologists (CAP) evaluation reports, the laboratory director failed to ensure successful participation in an HHS approved proficiency testing program for Parasitology for two of three events between 2021 and 2022, resulting in an initial unsuccessful performance (refer to D6016).

**D6016**

**LABORATORY DIRECTOR RESPONSIBILITIES**  
CFR(s): 493.1407(e)(4)(i)

The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(i) Ensure that the proficiency testing samples are tested as required under Subpart H of this part;

This STANDARD is not met as evidenced by:  
Based on desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and College of American Pathologists (CAP) evaluation reports, the laboratory director failed to ensure

successful participation in an HHS approved proficiency testing program for Parasitology for two of three events between 2021 and 2022, resulting in an initial unsuccessful performance (refer to D2047).