

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 45D0675182	<b>(X3) Date Survey Completed</b> 10/12/2023
<b>Name of Provider or Supplier</b> Seymour Hospital Laboratory	<b>Street Address, City, State</b> 200 Stadium Drive, Seymour, 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>	The following deficiencies are a result of a desk review of proficiency testing scores obtained from the CMS (Centers for Medicare and Medicaid Services) national database and verified with the proficiency testing company, American Proficiency Institute (API). The facility was found to be out of compliance with CLIA regulations 42 CFR Part 493. CONDITION LEVEL DEFICIENCIES were found to be out of compliance: 493.803 Successful participation [proficiency testing] 493.1441 Laboratories performing high complexity testing; laboratory director
<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 a desk review of proficiency testing records, it was revealed the laboratory</p>

	<p>had not successfully participated in a proficiency testing program approved by HHS, for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. The laboratory did not successfully participate in the specialty of Immunohematology. Refer to D2162 and D2163.</p>
<p><b>D2162</b></p>	<p><b>ABO GROUP AND D(RHO) TYPING</b> CFR(s): 493.859(f)</p> <p>Failure to achieve satisfactory performance for the same analyte in 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 a proficiency testing desk review of the CASPER- 0155 Individual Laboratory Report obtained from the CMS national database and API 2023 (1st and 2nd event) records, the laboratory failed to achieve satisfactory performance (100%) for the same analyte in two out of two consecutive testing events in the specialty of Immunohematology for the D(RHO) analyte. Two of two consecutive unsatisfactory scores result in unsuccessful PT performance. The findings include: 1. Review of the CASPER- 0155 report revealed the following: Blood Bank (ABO/RH) 2023 - 1st Event Laboratory received an unsatisfactory score of 0% for the D(RHO) analyte Blood Bank (ABO/RH) 2023 - 2nd Event Laboratory received an unsatisfactory score of 80% for the D(RHO) analyte 2. A proficiency testing desk review from API 2022 and 2023 proficiency testing records confirmed the above findings. Key: CASPER: Certification and Survey Provider Enhanced Reporting CMS: Centers for Medicare and Medicaid API: American Proficiency Institute</p>
<p><b>D2163</b></p>	<p><b>ABO GROUP AND D(RHO) TYPING</b> CFR(s): 493.859(g)</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 a proficiency testing desk review of the CASPER- 0155 Individual Laboratory Report obtained from the CMS national database and API 2023 (1st and 2nd event) records, it was revealed the laboratory failed to achieve an overall testing event score of satisfactory performance (100%) for two out of two consecutive testing events for the specialty of Immunohematology ABO/RHO. Two of two consecutive unsatisfactory scores result in unsuccessful PT performance. The findings include: 1. Review of the CASPER- 0155 report revealed the following: Blood Bank (ABO/RH) 2023 - 1st Event Laboratory received an unsatisfactory score of 0% for ABO/RHO Blood Bank (ABO/RH) 2023 - 2nd Event Laboratory received an unsatisfactory score of 90% for ABO/RHO 2. A proficiency testing desk review from API 2022 and 2023 proficiency testing records confirmed the above findings. Key: CASPER: Certification and Survey Provider Enhanced Reporting CMS: Centers for Medicare and Medicaid API: American Proficiency Institute</p>
<p><b>D6076</b></p>	<p><b>LABORATORY DIRECTOR</b> CFR(s): 493.1441</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.

This CONDITION is not met as evidenced by:  
Based on a desk review of laboratory proficiency testing performance it was revealed that the laboratory director failed to provide overall management and direction of the laboratory services. Refer to D6089.

**D6089**

**LABORATORY DIRECTOR RESPONSIBILITIES**  
CFR(s): 493.1445(e)(4)(i)

The laboratory director must ensure the proficiency testing samples are tested as required under subpart H of this part.

This STANDARD is not met as evidenced by:  
Based on a desk review of proficiency testing results it was revealed that the laboratory director failed to ensure the overall quality of the laboratory services provided. The laboratory director failed to ensure successful participation in an HHS approved proficiency testing program. Refer to D2162 and D2163.