

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 47D0091805	(X3) Date Survey Completed 05/17/2018
Name of Provider or Supplier Cherr Pediatrics	Street Address, City, State 1 General Wing Road, Rutland, VT	
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	This Form CMS-2567 has been amended on 6/5/2018 at D2010 and D6018.
D2010	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(2)</p> <p>The laboratory must test samples the same number of times that it routinely tests patient samples.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory failed to test bacteriology proficiency testing (PT) samples in 2017 and 2018 the same number of times that it routinely tests patient samples. Findings include: 1) Review on 5/17/18 of urine colony count PT records for 2017 and 2018 revealed two of two PT samples were read by three testing personnel in College of American Pathologists (CAP) events MC3-A 2017, MC3-B 2017, MC3-C 2017, and MC3-A 2018. Review of throat culture PT records for 2017 revealed five PT samples were read by two testing personnel in CAP event D1-A 2017. 2) Review on 5/17/18 of two final reports for urine colony counts and one final report for presumptive beta hemolytic group A Streptococcus throat cultures from 2018 revealed one testing personnel performed testing for each patient urine colony counts and throat culture. 3) Interview on 5/17/18 at 11:45 a.m. with the laboratory's CLIA compliance officer revealed all patient urine colony counts and throat cultures are read by one testing personnel and confirmed the PT samples were not tested in the same manner as routine patient samples.</p>
D6018	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii)</p> <p>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</p>

and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action;

This STANDARD is not met as evidenced by:

Based on record review and staff interview, the laboratory director failed to review and evaluate bacteriology proficiency testing (PT) results and identify and correct problems associated with unacceptable scores. Findings include: 1) Review on 5/17/18 of urine colony count PT records for 2017 and 2018 revealed the laboratory director failed to sign the evaluation forms for College of American Pathologists (CAP) events MC3-A 2017, MC3-B 2017, MC3-C 2017, and MC3-A 2018. The laboratory received a score of 50% in CAP event MC3-C 2017; follow up performed by the laboratory identified this was due to a clerical error with the result submitted for PT sample MC-12. Review of CAP event MC3-C 2017 at the time of the survey confirmed the clerical error and revealed the result submitted for MC-11 was also not the result obtained by testing personnel. Review of throat culture PT records for 2017 revealed the laboratory director failed to sign the evaluation forms for CAP events D1-A 2017 and D1-B 2017. 2) Interview on 5/17/18 at 11:45 a.m. with the laboratory's CLIA compliance officer confirmed the laboratory director did not sign the evaluation forms in the the CAP events listed in the first finding above.