

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 51D0236290	(X3) Date Survey Completed 09/23/2022
Name of Provider or Supplier Webster Memorial Hospital, Inc	Street Address, City, State 125 Diana Drive, Webster Springs, WV	
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	An unannounced, off site, proficiency testing (PT) desk review was conducted for Webster Memorial Hospital on September 23, 2022, by the West Virginia Office of Laboratory Services. The laboratory PT evaluations with the American Proficiency Institute were compared with the CMS CASPER 153D Unsuccessful PT Report. The following deficiencies were identified:
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 record review the laboratory failed to successfully participate in proficiency testing (PT) for the analyte #0895 Compatibility Testing (Immunohematology) for 2 out of 3 consecutive testing events in 2021 and 2022. Findings: 1. Review of the</p>

laboratory (PT) evaluations with the American Proficiency Institute (API) identified the following unsatisfactory scores for analyte #0895 Compatibility Testing: 3rd Event 2021- 0% 2nd Event 2022- 80% 2. Review of the CMS CASPER 155D Individual Laboratory Profile PT Report confirmed the unsuccessful participation.

D2181

COMPATIBILITY TESTING
CFR(s): 493.863(e)

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.

This STANDARD is not met as evidenced by:
Based on record review the laboratory failed to successfully perform in proficiency testing (PT) for the analyte #0895 Compatibility Testing (Immunohematology) for 2 out of 3 consecutive testing events in 2021 and 2022. Findings: 1. Review of the laboratory (PT) evaluations with the American Proficiency Institute (API) identified the following unsatisfactory scores for analyte #0895 Compatibility Testing: 3rd Event 2021- 0% 2nd Event 2022- 80% 2. Review of the CMS CASPER 155D Individual Laboratory Profile PT Report confirmed the unsuccessful performance for the analyte #0895 Compatibility Testing.