Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	51D0669427	12/28/2018
Name of Provider or Supplier	**Street Address, City, State**	
Muhammed I Khokar Md	608 New Hope Road Suite 3, Princeton, 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
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (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. This CONDITION is not met as evidenced by: Based on a proficiency testing desk review for the office of Dr. Muhammed Khokar, the laboratory failed to successfully participate in a program approved by CMS for the Hematology analyte of cell identification/WBC differential for the 2nd Event 2018 and 3rd Event 2018. Findings: Medical Laboratory Evaluation (MLE) testing results: 2018 2nd testing event (MLE-M2) Cell Identification/WBC Differential: 0% 2018 3rd testing event (MLE-M3) Cell Identification/WBC Differential: 0%
D2130	HEMATOLOGY CFR(s): 493.851(f)

	Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on review of the Medical Laboratory Evaluation (MLE) records and the CLIA 155 Individual Laboratory Profile, the laboratory failed to achieve satisfactory performance in proficiency testing for analyte Cell Identification/WBC Differential in two consecutive testing events. Findings: Medical Laboratory Evaluation (MLE) testing results: 2018 2nd testing event (MLE-M2) Cell Identification/WBC Differential: 0% 2018 3rd testing event (MLE-M3) Cell Identification/WBC Differential: 0%
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 a proficiency testing desk review for the office of Dr. Muhammed Khokar, the laboratory director failed to ensure successful participation in a program approved by Centers for Medicare and Medicaid Services (CMS) for the analyte of cell identification/WBC differential (2nd event 2018 and 3rd Event 2018). Findings: Medical Laboratory Evaluation (MLE) testing results: 2018 2nd testing event (MLE-M2) Cell Identification/WBC Differential: 0% 2018 3rd testing event (MLE-M3) Cell Identification/WBC Differential: 0%
D6004	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(a)(b) 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. (a) The laboratory director, if qualified, may perform the duties of the technical consultant, clinical consultant, and testing personnel, or delegate these responsibilities to personnel meeting the qualifications of 493.1409, 493.1415, and 493.1421, respectively. (b) If the laboratory director reapportions performance of his or her responsibilities, he or she remains responsible for ensuring that all duties are properly performed. This STANDARD is not met as evidenced by: Based on review of the Medical Laboratory Evaluation (MLE) records and the CLIA 155 Individual Laboratory Profile, the laboratory director failed to ensure compliance with the regulation requiring successful participation in PT testing (D2016) for the analyte of cell identification/WBC differential (2nd event 2018 and 3rd Event 2018). Findings: Medical Laboratory Evaluation (MLE) testing results: 2018 2nd testing event (MLE-M2): Cell Identification/WBC Differential: 0% 2018 3rd testing event (MLE-M3): Cell Identification/WBC Differential: 0%