

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  51D0683776	<b>(X3) Date Survey Completed</b>  09/22/2021
<b>Name of Provider or Supplier</b>  Broaddus Hospital	<b>Street Address, City, State</b>  # 1 Health Care Drive, Philippi, WV	
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>	An unannounced, off site, Proficiency Testing (PT) desk review was conducted for Broaddus Hospital on September 22, 2021, by the West Virginia Office of Laboratory Services. The laboratory PT evaluations with the American Proficiency Institute (API) were reviewed for compliance with the Federal Clinical Laboratory Improvement Amendment (CLIA) regulations under 42 CFR 493. Specific deficiencies are explained below.
<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 CASPER Report 155D and evaluations from the American Proficiency Institute (API) the laboratory failed to successfully participate in</p>

proficiency testing (PT) for the analyte #0895 Compatibility Testing for two out of three consecutive testing events. Findings: #0895 Compatibility Testing 3rd event 2020- 80% 2nd event 2021- 80%

**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 review of the American Proficiency Institute (API) proficiency testing (PT) evaluation reports and the CASPER Report 155D, the laboratory failed to successfully participate in 2 of 3 consecutive testing events for the analyte #0895 Compatibility Testing in Immunohematology. Findings: #0895 Compatibility Testing 3rd event 2020- 80% 2nd event 2021- 80%