

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 51D0920678	(X3) Date Survey Completed 04/26/2024
Name of Provider or Supplier Wv Office Of Laboratory Services	Street Address, City, State 4710 Chimney Drive Suite G, Charleston, 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	The following deficiencies are a result of a desk review of proficiency testing scores obtained from the national database and verified with the proficiency testing company. The facility was found to be out of compliance with the conditions of the CLIA program. The following CONDITION LEVEL DEFICIENCIES were found to be out of compliance: D2016 - 42 C.F.R. 493.803 Condition: Successful participation [proficiency testing] D6000 - 42 C.F.R. 493.1403 Condition: Laboratories performing moderate complexity testing; laboratory director
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 a proficiency testing desk review of the Certification and Survey Provider</p>

	<p>Enhanced Reporting (CASPER) 0155 report and Wisconsin State Laboratory of Hygiene (WSLH) records, the laboratory had not successfully participated in a proficiency testing program approved by HHS, for each specialty, subspecialty, and analyte in which the laboratory is certified under CLIA. The laboratory failed to successfully participate in the subspecialty of Toxicology for the Lead analyte. Refer to D2118 and D2119.</p>
<p>D2118</p>	<p>TOXICOLOGY CFR(s): 493.845(f)</p> <p>Failure to achieve satisfactory performance for the same analyte or test 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 report and Wisconsin State Laboratory of Hygiene (WSLH) proficiency testing records (2023 and 2024), the laboratory failed to achieve satisfactory performance (80% or greater) for the same analyte in two of two consecutive testing events (2023, Event 3 and 2024, Event 1) in the subspecialty of Toxicology for the Lead analyte. Findings included: 1. Review of the CASPER 0155 report revealed the following results: WSLH Chemistry 2023 - 3rd Event. The laboratory received an unsatisfactory score of 0% Lead. WSLH Chemistry 2024 - 1st Event. The laboratory received an unsatisfactory score of 0 % for Lead. 2. A review of WSLH 2023 and 2024 proficiency testing records confirmed the laboratory received the above results.</p>
<p>D2119</p>	<p>TOXICOLOGY CFR(s): 493.845(g)</p> <p>Failure to achieve an overall testing event score of satisfactory performance 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 report and Wisconsin State Laboratory of Hygiene (WSLH) proficiency testing records (2022 and 2023), the laboratory failed to achieve satisfactory performance (80% or greater) for the overall subspecialty of Toxicology in two of two consecutive testing events (2023, Event 3 and 2024, Event 1). Findings included: 1. Review of the CASPER 0155 report revealed the following results: WSLH Chemistry 2023- 3rd Event. The laboratory received an overall Toxicology unsatisfactory score of 0%. WSLH Chemistry 2024 - 1st Event. The laboratory received an overall Toxicology unsatisfactory score of 0%. 2. A review of WSLH 2022 and 2023 proficiency testing records confirmed the laboratory received the above results</p>
<p>D6076</p>	<p>LABORATORY DIRECTOR CFR(s): 493.1441</p> <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.</p>

This CONDITION is not met as evidenced by:
Based on a proficiency testing desk review of the CASPER 0155 report and Wisconsin State Laboratory of Hygiene (WSLH) proficiency testing records (2023 and 2024), 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 proficiency testing desk review of the CASPER 0155 report and Wisconsin State Laboratory of Hygiene (WSLH) proficiency testing records (2023 and 2024), 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 D2118 and D2119