

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  52D0721195	<b>(X3) Date Survey Completed</b>  12/08/2020
<b>Name of Provider or Supplier</b>  Lakeview Specialty Hospital & Rehab	<b>Street Address, City, State</b>  1701 Sharp Rd, Waterford, WI	
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>D2004</b>	<p>ENROLLMENT CFR(s): 493.801(a)(3)</p> <p>For each specialty, subspecialty and analyte or test, participate in one approved proficiency testing program or programs, for one year before designating a different program and must notify CMS before any change in designation;</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of proficiency testing records for 2020 and interview with a technical consultant, the laboratory did not participate in an approved proficiency-testing program for one year before designating a different program for chemistry and hematology. Findings include: 1. Review of proficiency testing records from 2020 showed the laboratory participated in the American Academy of Family Physicians (AAFP) program for chemistry and hematology in event one. The laboratory participated in the Wisconsin State Laboratory of Hygiene (WSLH) proficiency testing chemistry and hematology program for events two and three. 2. Interview with the technical consultant on December 8, 2020 at 7:40 AM, confirmed the laboratory did not participate in the AAFP chemistry and hematology proficiency testing programs for one year prior to switching to the WSLH chemistry and hematology proficiency testing programs.</p>
<b>D2009</b>	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on surveyor review of proficiency testing (PT) records and procedures, and interview with the technical consultant, the laboratory director has not attested to the routine integration of the PT samples into patient workload using the laboratory's routine methods for two of three events in 2020. Findings include: 1. Review of the PT records show the laboratory director has not signed (or delegated the responsibility for signing to the technical consultant) the attestation statements for event one and event two of 2020. 2. Review of the "Proficiency Testing" procedure stated, "The laboratory director must sign the result submission form". 3. Interview with the technical consultant on December 8, 2020 at 8:10 AM confirmed the laboratory director did not sign the attestation statements for two of three events in 2020.