Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	02D0641837	02/20/2019
Name of Provider or Supplier	**Street Address, City, State**	
Providence Valdez Medical Center	911 Meals Avenue, Valdez, AK	

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
D5787	TEST RECORDS CFR(s): 493.1283(a) The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s). This STANDARD is not met as evidenced by: Based on record review of microbiology culture documentation and testing person interview, the laboratory failed to record each step of work when performing microbiology cultures. Findings: 1. Review of microbiology culture testing on 2/21/19 at 13:00 pm showed no written or electronic documentation of the date, time, testing person, media type inoculated, culture or colony descriptions, and organism isolation for each microbiology culture. 2. The testing person confirmed that the Laboratory Information System used to capture this information but stopped doing so after a computer version upgrade within the past two years. 3. The laboratory performs approximately 250 routine microbiology cultures annually. 4. The general supervisor confirmed these findings on 2/21/19 at 15:00 pm.