

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 02D0641837	(X3) Date Survey Completed 06/20/2023
Name of Provider or Supplier Providence Valdez Medical Center	Street Address, City, State 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
D5449	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(ii)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- At least once a day patient specimens are assayed or examined perform the following for-- Each qualitative procedure, include a negative and positive control material; (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on patient and quality control (QC) records, and an interview with the general supervisor, the laboratory failed to include a negative and positive control material each day patients were tested on the BioFire FilmArray Blood Culture Identification Panel 2 for one (1) of three (3) patients reviewed. Findings include: 1. A review of patient blood culture identification results and quality control records for May 2023, revealed the laboratory failed to perform positive and negative controls for patient sample 2315100082MM tested on 5/31/2023. 2. The General Supervisor confirmed quality control was not included each day of patient testing in an interview on June 20, 2023 at 12:00 PM. 3. The laboratory reports an annual test volume of 500 for the Specialty of Bacteriology.</p>