

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 02D0663791	(X3) Date Survey Completed 12/11/2024
Name of Provider or Supplier South Peninsula Hospital	Street Address, City, State 4300 Bartlett St, Homer, 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 a review of patient and quality control result log sheets and an interview with the technical supervisor, the laboratory did not include positive and negative control materials each day patients were tested using the Sure-View Mono test kit beginning in May 2024. 1. A review of patient results and quality control records from May 17, 2024 through December 11, 2024 revealed the laboratory failed to perform positive and negative controls for 32 out of 35 days of patient testing. 2. An interview conducted on 12/11/2024 at 2:00 PM with the technical supervisor confirmed positive and negative controls were not performed each day of patient testing. 3. The log sheets show 38 patients tested during from 5/17/24 through 12/11/24.</p>