

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2103356	(X3) Date Survey Completed 03/26/2019
Name of Provider or Supplier Haven Health Sky Harbor	Street Address, City, State 1880 E Van Buren St, Phoenix, AZ	
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
D5801	<p>TEST REPORT CFR(s): 493.1291(a)</p> <p>The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following: (a)(1) Results reported from calculated data. (a)(2) Results and patient-specific data electronically reported to network or interfaced systems. (a)(3) Manually transcribed or electronically transmitted results and patient-specific information reported directly or upon receipt from outside referral laboratories, satellite or point-of-care testing locations.</p> <p>This STANDARD is not met as evidenced by: Based on review of of four laboratory report forms for blood gas testing and interview with the technical consultant, the laboratory failed to provide evidence of acceptable test performance dates and times within the limits of the blood draw dates and times indicated on 3 out of the 4 laboratory reports reviewed. Findings include: 1. The laboratory's policy regarding blood gas testing indicated that specimens should be tested immediately, and must be tested within 10 minutes of collection. 2. Patient #314686 was drawn on 10/24/2018 at 13:10, and the i-Stat test result tape indicated the test was performed on 10/25/18 at 04:15. Patient #314743 was drawn on 01/12/2019 at 06:55, and the i-Stat result tape indicated the test was performed on 01/12/2019 at 21:58. Patient #315007 was drawn on 02/09/2019 at 11:15, and the i-Stat result tape indicated the test was performed on 02/10/2019 at 02:25. 3. The technical consultant acknowledged that the information regarding the blood draw dates and times was inconsistent with the respective test performance dates and times.</p>
D5819	<p>TEST REPORT CFR(s): 493.1291(j)</p>

All test reports or records of the information on the test reports must be maintained by the laboratory in a manner that permits ready identification and timely accessibility.

This STANDARD is not met as evidenced by:

Based on review of 4 hard copy patient test reports and interview with the testing personnel, the laboratory failed to scan 4 out of 4 hard copy reports into each patient's respective electronic health record (EHR) as directed by the laboratory's policy.

Findings include: 1. The testing personnel was unable to retrieve any of the 4 test reports (Pt #314686, Pt #314743, Pt #315007, Pt #315041) in the EHR system. 2. The testing personnel acknowledged that the reports were not scanned into the EHR system.

D5891

POSTANALYTIC SYSTEMS QUALITY ASSESSMENT

CFR(s): 493.1299(a)

The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291.

This STANDARD is not met as evidenced by:

Based on inconsistencies in the laboratory's test reports and lack of scanned test reports in the electronic health record (EHR), the laboratory failed to have an adequate post analytic quality assessment in place that monitored and assessed the accuracy of all the information on the patient test reports and the consistent scanning of hard copy reports into each patient's EHR. See D5801 and D5819 for findings.

D6045

TECHNICAL CONSULTANT RESPONSIBILITIES

CFR(s): 493.1413(b)(7)

(b) The technical consultant is responsible for-- (b)(7) Identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed;

This STANDARD is not met as evidenced by:

Based on review of training records for the laboratory's testing personnel and interview with the testing personnel, the laboratory failed to provide evidence of initial training for blood gas testing using the i-Stat instrument for 1 out of 22 testing personnel training and competency records reviewed. Findings include: 1. The testing personnel did have a six month competency assessment, but the initial training documentation was not presented for review. 2. The testing personnel acknowledged that the documentation of the initial training was missing.