Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0468125	04/13/2023
Name of Provider or Supplier	**Street Address, City, State**	
Piggott Community Hospital Laboratory	1206 Gordon Duckworth Drive, Piggott, AR	

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
D5447	CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(i)(g) 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 quantitative procedure, include two control materials of different concentrations; (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by: Based on a review of Hematology quality control (QC) Summary Reports for July, August, November, and December of 2022 as well as February 2023, the laboratory failed to document QC each day of patient hematology testing on three of ninety-seven days reviewed. Survey findings include: A. The QC Summary Report for Coulter 6C Cell controls (three levels) for 7/17/2022 through 8/12/2022 did not include quality control documented on 8/4/2022 for Level 1, Level 2, or Level 3 controls. B. A review of a list of patients who had complete blood counts reported on 8 /4/2022 revealed that thirty-one patients were tested and reported on that date when no QC was documented. C. The QC Summary Report for Coulter 6C Cell controls (three levels) for 11/12/2022 through 12/17/2022 did not include QC documented on 11/19 /2022 or 11/20/2022. D. A review of a list of patients with complete blood counts reported on 11/19/2022 and 11/20/2022 revealed nineteen patients reported on 11/19 /2022 and seventeen patients reported on 11/20/2022. E. In an interview, on 4/12/2022 at 9:13 a.m., the laboratory technical supervisor (as listed on the form CMS-209) confirmed that patients were tested on the above dates without quality control documentation.
D6128	TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9)

	The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least annually after the first year, unless test methodology or instrumentation changes, in which case, prior to reporting patient test results, the individual's performance must be reevaluated to include the use of the new test methodology or instrumentation. This STANDARD is not met as evidenced by: Based on a review of personnel records for six of six testing personnel (listed as #2 through #7 on the form CMS-209) and interviews with laboratory staff, the technical supervisor failed to evaluate the competency of one of seven testing personnel at lease annually after the first year. Survey findings include: A. A review of personnel records for laboratory testing personnel (listed as #7 on the form CMS-209 form) revealed competency assessments were performed on 5/8/2021 and then again on 3/31 /2023 (22 months after the 2021 competency). B. During an interview, at 1:44 p.m. on 4/11/2023, the technical supervisor (as listed on the form CMS-209) confirmed there were no competencies performed for employee #7, between 5/8/2021 and 3/31/2023.