Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0642180	11/17/2022
Name of Provider or Supplier	**Street Address, City, State**	
Dewitt Hospital And Nursing Home	1641 South Whitehead Drive, De Witt, 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
D5559	IMMUNOHEMATOLOGY CFR(s): 493.1271(e)(f) (e) Investigation of transfusion reactions. (e)(1) According to its established procedures, the laboratory that performs compatibility testing, or issues blood or blood products, must promptly investigate all transfusion reactions occurring in facilities for which it has investigational responsibility and make recommendations to the medical staff regarding improvements in transfusion procedures. (e)(2) The laboratory must document, as applicable, that all necessary remedial actions are taken to prevent recurrences of transfusion reactions and that all policies and procedures are reviewed to assure they are adequate to ensure the safety of individuals being transfused. (f) Documentation. The laboratory must document all control procedures performed, as specified in this section. This STANDARD is not met as evidenced by: Through a review of blood transfusion procedures, a review of patient transfusion records, and interviews with laboratory staff, it was determined nursing personnel failed to follow procedures to detect transfusion reactions so that the reactions may be investigated by the laboratory. Survey findings include: A. The procedure titled "DeWitt Hospital Blood and Blood Products Transfusions" states, "Take and record vital signs immediately preceding transfusion, 15 minutes after initiation, 30 minutes after initiation, 60 minutes into the transfusion, and immediately post transfusion." B. During a review of thirty-two patient Blood Transfusion Records it was determined that three of thirty-two records were missing vital signs documentation. Patient #805940 was transfused on 8/7/2022. The required post transfusion blood pressure was not documented. Patient #10344 was transfused on 6/28/2022. There were no post transfusion vitals documented. Patient #11893 was transfused on 1/25/2022. Fifteen minute and sixty minute vitals were not documented. C. In an interview at 1:40 p.m.

	on 11/17/2022, employee #3 (as listed on the form CMS-209) confirmed that vital signs required to monitor for a transfusion reaction were not documented on the three patients listed above.
D5783	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(2) (b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(2) Results of control or calibration materials, or both, fail to meet the laboratory's established criteria for acceptability. All patient test results obtained in the unacceptable test run and since the last acceptable test run must be evaluated to determine if patient test results have been adversely affected. The laboratory must take the corrective action necessary to ensure the reporting of accurate and reliable patient test results. This STANDARD is not met as evidenced by: Through a review of laboratory policies and procedures, a review of chemistry quality control Levey Jennings Reports, and interviews with laboratory staff, it was determined the laboratory failed to take and document corrective actions when quality control results were shifted. Survey findings include: A. The laboratory quality control policy states, "On-going review of quality control data is performed by all technologists with particular attention to patterns of shifts or trends in the method. Shifts or trends are to be addressed immediately and be accompanied by documentation of remedial actions." B. During a review of June 2022 Levey-Jennings Reports for chemistry tests performed on the Dimension EXL 200 chemistry analyzer, it was determined that two of thirteen tests reviewed had data that was shifted below the mean. Review of the Levey-Jennings Reports revealed that both Amylase (AMY) control levels (I and III) were shifted below the mean fifty-seven of fifty-eight total points and both Creatine Kinase (CK) controls were shifted below the mean fifty-four of fifty-eight total points. C. The surveyor requested documentation of remedial actions but none was provided. D. In an interview at 10:51 a.m. on 11/17/2022, employee #2 as listed on the form CMS-209 confirmed the lack of documented remedial actions for the shifted quality control in June 2022