

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  04D0666802	<b>(X3) Date Survey Completed</b>  02/09/2018
<b>Name of Provider or Supplier</b>  Unity Health Searcy Medical Center	<b>Street Address, City, State</b>  2900 Hawkins Drive, Searcy, AR	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	On 02/09/18 at 8:55 AM, an entrance conference was conducted with Facility Representatives. The facility was informed the purpose of the visit was to conduct a Medicare complaint survey. On 02/09/18 at 10:45 AM, an exit conference was conducted with Facility Representatives. The findings of the survey were discussed. The Facility Representatives were given an opportunity to present additional information for the findings discussed. No additional information was presented.
<b>D5205</b>	<p>COMPLAINT INVESTIGATIONS CFR(s): 493.1233</p> <p>The laboratory must have a system in place to ensure that it documents all complaints and problems reported to the laboratory. The laboratory must conduct investigations of complaints, when appropriate.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory complaint policy, laboratory Incident Reports, and interviews with laboratory staff, it was determined the laboratory failed to conduct investigations to identify and correct problems when complaints were reported to the laboratory. The failed practice created the potential for complaints to go unaddressed and could affect any patient needing laboratory services. Survey findings follow: A. The laboratory complaint policy stated, "All complaints from provider's or patients will be documented. An investigation will be done to assess the validity of the complaint or to resolve valid complaints. Corrective action of problems identified through complaints will be documented as well as the actions taken to minimize recurrences." B. Review of an Incident Report dated 01/12/18 revealed a complaint that the laboratory drew and analyzed blood from the wrong child. C. In an interview at 9:45 AM on 02/9/2018 the Surveyor requested documentation that the laboratory had investigated the complaint from 01/12/2018 to determine the cause and prevent a recurrence. The Laboratory Supervisor stated there was no documentation of the investigation.</p>

**D6030**

**LABORATORY DIRECTOR RESPONSIBILITIES**

CFR(s): 493.1407(e)(12)

The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(12) Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills;

This STANDARD is not met as evidenced by:

Based on interviews with laboratory staff and documentation review, it was determined the Laboratory Director failed to ensure policies and procedures were established for monitoring individuals who conducted preanalytical phases of testing and to identify needs for remedial training. The failed practice did not ensure testing personnell were following the required practices of the facility. Survey findings follow: A. In an interview with the Laboratory Supervisor (9:30 AM on 2/9/2018) she stated some of the laboratory specimens are drawn by phlebotomists who work for their reference laboratory (Lab B) where they send specimens for testing not done at this lab. B. In an interview at 9:32 AM on 02/9/18, the Laboratory Supervisor stated the reference laboratory phlebotomists do not review and sign that they will follow the laboratory's policies for collection of specimens. C. During an interview at 9:32 AM on 02/9/18 this Surveyor requested a copy of the policies and procedures the reference laboratory phlebotomists follow for collection of blood samples analyzed by the laboratory. The laboratory was unable to provide policies and procedures used by the reference laboratory phlebotomists. D. During the interview at 9:32 AM on 02/9/18 the Surveyor requested documentation that the phlebotomists' competency to collect specimens was evaluated. None was provided. E. In an interview at 1:49 PM on 02/9 /18 the facility's Director of Clinical Operations stated the laboratory still could not provide a copy of the policies and procedures for reference laboratory phlebotomists who collected blood at this facility for testing done both by this laboratory and by the reference laboratory.