

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 04D0689262	<b>(X3) Date Survey Completed</b> 11/21/2024
<b>Name of Provider or Supplier</b> Dallas County Medical Center	<b>Street Address, City, State</b> 201 Clifton Street, Fordyce, 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>D2007</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> CFR(s): 493.801(b)(1)</p> <p>The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods</p> <p>This STANDARD is not met as evidenced by: Based on review of the CMS-209 forms, review of proficiency test attestations for 2022 and 2023, and interviews with laboratory staff, proficiency test samples were not tested by all personnel who routinely perform patient testing. Survey findings include: A. The CMS-209 forms signed 11/14/24 included three full time testing personnel (listed as Employees #11 through #13) for blood gases. B. A review of proficiency test attestations for 2023 through 2024 revealed that only one testing personnel had signed proficiency attestation statements for all blood gas testing 2023 and 2024. C. In an interview, at 2:48 pm on 11/20/24, laboratory Employee #11 (as listed on the form CMS-209) confirmed that employees 12 and 13 (as listed on the CMS-209 form) routinely test patient samples but have not participated in proficiency testing.</p>
<b>D3015</b>	<p><b>REQUIREMENTS FOR TRANSFUSION SERVICES</b> CFR(s): 493.1103</p> <p>A facility that provides transfusion services must meet all of the requirements of this section and document all transfusion-related activities.</p> <p>This STANDARD is not met as evidenced by: Through a review of Rules for Critical Access Hospitals in Arkansas (rev 6/17/24), blood bank records for 2023 and 2024, lack of documentation and through interviews with staff, it was determined the facility failed to comply with Arkansas state</p>

requirements for a blood utilization committee. Survey and document all transfusion activities. Findings follow: A) The Rules for Critical Access Hospitals in Arkansas state in Chapter 19 (Laboratory) that a committee of the Medical Staff shall fulfill the following responsibilities: Establish criteria for the proper use of blood and its components; Monitor the transfusion of blood and its components to ensure the established criteria for proper use are met; Review the reports of suspected transfusion reactions; and Establish criteria for therapeutic phlebotomies. B) Review of the blood bank records contained statistical information regarding numbers of types of products and number of reported "adverse reactions" only. C) In an interview on 11/20/24 at 12:37 pm the General Supervisor #1 (as listed on the CMS-209 form) stated that the hospital does not have a blood utilization committee, and the only report submitted by the laboratory is the monthly blood bank usage report and potential transfusion reaction workups sent to the lab director. D) In an interview on 11/20/24 at 10:46 am the Nursing Risk Management Officer (#16 as listed on the CMS-209 form) stated that the hospital does not have a blood utilization committee.

**D5311**

**SPECIMEN SUBMISSION, HANDLING, AND REFERRAL**  
 CFR(s): 493.1242(a)

The laboratory must establish and follow written policies and procedures for each of the following, if applicable: (1) Patient preparation. (2) Specimen collection. (3) Specimen labeling, including patient name or unique patient identifier and, when appropriate, specimen source. (4) Specimen storage and preservation. (5) Conditions for specimen transportation. (6) Specimen processing. (7) Specimen acceptability and rejection. (8) Specimen referral.

This STANDARD is not met as evidenced by:  
 Based on a review of the manufacturer's instruction, the laboratory's procedure manual, patient test records, and interview with staff the laboratory failed to ensure 9 of 20 patient lactate samples were centrifuged within 15 minutes of collection from 1/1/24 through 1/10/24. A) A review of the manufacturer's instructions ("Instructions for Use Vitros Chemistry Products LAC Slides" Lactate, REF 843 3880, 815 0112, ver 13.0, Pub. No. C-212\_EN) for the lactate analysis performed in the laboratory, instructions stated:"centrifuge specimens and remove the plasma from the cellular material within 15 minutes of collection time." B) The Laboratory's QC Policy manual did not contain specific policies for lactate, but referred to "following manufacturer's instructions and/or package inserts". C) Lactate patient test records from 1/1/24 through 1/10/24 revealed: Sample ID 2400013; Collected : 1/1/24 01:04, Analyzed: 12:58 Sample ID 2400179; Collected : 1/2/24 13:24, Analyzed: 13:40 Sample ID 2400202; Collected : 1/2/24 14:47, Analyzed: 15:31 Sample ID 2400593; Collected : 1/4/24 18:51, Analyzed: 19:26 Sample ID 2400718; Collected : 1/5/24 21:56, Analyzed: 22:24 Sample ID 2400735; Collected : 1/6/24 01:02, Analyzed: 01:39 Sample ID 2400927; Collected : 1/8/24 10:17, Analyzed: 10:55 Sample ID 2401049; Collected : 1/8/24 11:33, Analyzed: 16:05 Sample ID 2401442; Collected : 1/10/24 14:34, Analyzed: 14:51 D) During interview, General Supervisor #1 (as listed on the CMS-209 form) confirmed that the lab documented collection times and report times; but not centrifuge times.

**D5417**

**TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT**  
 CFR(s): 493.1252(d)

Reagents, solutions, culture media, control materials, calibration materials, and other

supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality.

This STANDARD is not met as evidenced by:

Through observation and interview with laboratory staff it was determined that the laboratory had supplies available for use after their expiration date. Findings follow: A) During a tour of the laboratory on 11/21/24 at 12:50 pm, one (of one) unopened container of Liquid Performance Verifier I ALC, AMON, GLU (CSF only), K+ (urine only), NA+ (urine only), PROT, SALI (lot B9937, REF 846 6492, Ortho Clinical Diagnostics, Vitros Chemistry Products, expiration date 10/10/2024) was observed in the laboratory, available for use beyond the expiration date. B) During a tour of the laboratory on 11/21/24 at 12:50 pm, one (of one) unopened container of Troponin I ES Calibrators (lot 5520, REF 680 2302, Ortho Clinical Diagnostics, Vitros Chemistry Products, expiration date 8/1/2024) was observed in the laboratory, available for use beyond the expiration date. C) During a tour of the laboratory on 11/21/24 at 12:47 pm, two (of two) opened containers of MicroScan Innoculum Saline (lot C79790, REF C70334AA, Beckman Coulter, expiration date 2/8/24) was observed in the laboratory, available for use beyond the expiration date. D) In an interview on 11/21/24 at 12:52 pm General Supervisor #1 (as listed on the CMS-209 form) , confirmed that the items, identified above, had exceeded the expiration date and were available in the laboratory.