

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0698083	(X3) Date Survey Completed 06/27/2022
Name of Provider or Supplier Bear Valley Community Hospital	Street Address, City, State 41870 Garstin Dr, Big Bear Lake, CA	
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
D5401	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on the review of written laboratory's policies and procedure manual, the laboratory failed to have written instructions for Blood Gas test (pH, pCO2 and pO2) proficiency samples when they could not be performed and reported during the proficiency testing period due to: (1) Patient testing was suspended during the time frame allotted for testing and reporting proficiency testing results; (2) The laboratory notifies the inspecting agency and the proficiency testing program within the time frame for submitting proficiency testing results of the suspension of patient testing and the circumstances associated with failure to perform tests on proficiency testing samples; and (3) The laboratory participated in the previous two proficiency testing events.</p>