

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  06D0519602	<b>(X3) Date Survey Completed</b>  02/27/2024
<b>Name of Provider or Supplier</b>  Rangely District Hospital	<b>Street Address, City, State</b>  225 Eagle Crest Dr, Rangely, CO	
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>D3021</b>	<p><b>REQUIREMENTS FOR TRANSFUSION SERVICES</b> CFR(s): 493.1103(c)(1)</p> <p>Blood and blood products storage and distribution. If a facility stores or maintains blood or blood products for transfusion outside of a monitored refrigerator, the facility must ensure the storage conditions, including temperature, are appropriate to prevent deterioration of the blood or blood product.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the laboratory's policies and procedures manual, and an interview with general supervisor #2 (GS #2), the laboratory failed to establish a written policy or procedure to ensure the storage conditions of blood products are appropriate to prevent deterioration of the products during a failure of the laboratory's monitored refrigerator since the laboratory's last survey was conducted on 6/28/2021. The laboratory performs approximately 52 immunohematology tests annually. Findings include: 1. Based on a review of the laboratory's policies and procedures manual, the laboratory failed to establish a written policy or procedure to document and monitor the temperature of blood products to prevent the deterioration of blood products in case of a failure of their monitored refrigerator since the last survey was conducted on 6/28/2021. 2. An interview with GS #2 on February 27, 2024, at approximately 12:00 PM, confirmed that the laboratory failed to establish a written policy or procedure to document and monitor the temperature of blood products to prevent the deterioration of blood products in case of a failure of their monitored refrigerator.</p>
<b>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable,</p>

consultant competency.

This STANDARD is not met as evidenced by:

Based on review of the laboratory's policies and procedures manual, and an interview with General Supervisor #2 (GS #2), the laboratory failed to assess the competency of, or establish a written policy or procedure for assessing the competency of personnel in the positions of Clinical Consultant (CC), Technical Supervisor (TS), and General Supervisor (GS) since the laboratory's last survey was conducted on 6/28/2021. The laboratory conducts approximately 48,256 tests annually. Findings include: 1. A review of the laboratory's policies and procedures manual revealed that the laboratory failed to assess the competency of, or establish a written policy or procedure for assessing the competency for the CC, the TS, or for the GS listed on CMS Form-209 since the last survey was conducted on 6/28/2021. 2. Based on an interview with GS #2 on February 27, 2024, at approximately 11:15 AM, confirmed that the laboratory failed to assess the competency of or establish a written policy or procedure for assessing the competency of personnel in the positions of CC, TS, and GS.