

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0023099	(X3) Date Survey Completed 04/02/2018
Name of Provider or Supplier Calhoun Liberty Hospital Association, Inc	Street Address, City, State 20370 Ne Burns Ave, Blountstown, FL	
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
D5537	<p>ROUTINE CHEMISTRY CFR(s): 493.1267(b)(d)</p> <p>For blood gas analyses, the laboratory must perform the following: (b) Test one sample of control material each 8 hours of testing using a combination of control materials that include both low and high values on each day of testing. (d) Document all control procedures performed, as specified in this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to perform quality control of PO2 tests for Arterial Blood Gas Analysis each day of patient testing in accordance with CLIA requirements on the month of July 2016. Findings included: Review of the quality control (QC) documentation for Arterial Blood Gas testing of PO2 on July of 2016 showed that monthly quality control was not performed. During an interview on 4/2/18 at 4:00 PM, testing personnel # 6 confirmed that there was no documentation to show that the laboratory had performed quality control on PO2 tests of Arterial Blood Gas analyzer for the whole month of July 2016.</p>