

<p><b>Statement of Deficiencies</b></p>	<p><b>(X1) Provider/Supplier/CLIA Identification Number</b></p> <p>12D0662980</p>	<p><b>(X3) Date Survey Completed</b></p> <p>09/01/2023</p>
<p><b>Name of Provider or Supplier</b></p> <p>Aop Of Hawaii, Pa DbA Hawaii Cancer Care Honolulu</p>	<p><b>Street Address, City, State</b></p> <p>500 Ala Moana Blvd, Suite 6-230, Honolulu, HI</p>	
<p>For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.</p>		

<p><b>(X4) ID Prefix Tag</b></p>	<p><b>Summary Statement of Deficiencies</b></p>
<p><b>D5291</b></p>	<p><b>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT</b> CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on a review of College of American Pathologists (CAP) proficiency test (PT) records and an interview with the technical supervisor on 09/01/2023 at 12:15 PM, it was revealed the laboratory failed to monitor the corrective actions it took for its unacceptable Hematology and unsatisfactory General Chemistry survey performances. The findings include: 1. The laboratory received an unacceptable grade for its prothrombin result on sample FH9-06 in the second Hematology testing event (FH9-B) of 2023. The laboratory result of 3.06 reported as 3.6 was outside the upper limit of the PT acceptable range. Laboratory corrective action stated the clerical error was discussed with the responsible testing personnel. The technical supervisor confirmed monitoring activities to prevent the recurrence of the error were not performed. 2. The laboratory received an unacceptable lactate dehydrogenase (LDH) score of 0% for samples CHM-01, CHM-02, CHM-03, CHM-04, and CHM-05 in the first General Chemistry (C-A) testing event of 2023. Code 42, "No credit assigned due to absence of response" was noted on the Participant Summary report. Laboratory corrective action stated results were available however, the report form was "mistakenly left blank". The technical supervisor confirmed monitoring activities to prevent the recurrence of the error were not performed.</p>
<p><b>D6092</b></p>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(4)(iv)</p>

The laboratory director must ensure an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable or unsatisfactory.

This STANDARD is not met as evidenced by:

Based on a review of CAP 2023 PT records and an interview with the technical supervisor on 09/01/2023 at 12:15 PM it was revealed that the laboratory director failed to ensure that an approved corrective action plan was followed for its unacceptable Hematology and unsatisfactory General Chemistry survey performances. See D Tag D5291.