

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0520979	(X3) Date Survey Completed 05/17/2023
Name of Provider or Supplier Teton Valley Hospital	Street Address, City, State 120 E Howard St, Driggs, ID	
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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on a review of proficiency testing (PT) documentation from the American Proficiency Institute (API) and an interview with the laboratory manager on 5/16 /2023, the laboratory failed to have the laboratory director attest to the integration of PT samples with routine testing of patient samples in 2022. The findings include: 1. A review of PT results from API for microbiology 2021 event three (3), chemistry core and hematology 2022 event one (1) and chemistry core, chemistry miscellaneous and hematology 2022 event two (2) identified that the laboratory failed to have the laboratory director attest that the PT samples were testing with patient samples. 2. An interview with the laboratory manager on 5/16/2023 at 10:06 am confirmed that the laboratory director failed to sign attestations for above specialties. 3. The laboratory reports performing 140,144 tests annually.</p>
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES 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, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the Centers for Medicare and Medicaid Services (CMS) 209</p>

personnel form, competency assessment records and an interview with the laboratory manager on 5/16/2023, the laboratory failed to follow written policies and procedures to assess testing personnel competency in 2022. The findings include: 1. The CMS 209 identified eight (8) testing personnel performing moderate and high complexity testing. 2. A review of competency assessment records identified four (4) of eight (8) testing personnel failed to have an annual competency assessment for 2022. 3. An interview with the laboratory manager on 5/16/2023 at 9:10 am confirmed the above finding. 4. The laboratory reports performing 140,144 moderate and high complexity tests annually.

D5211

EVALUATION OF PROFICIENCY TESTING PERFORMANCE
CFR(s): 493.1236(a)

The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.

This STANDARD is not met as evidenced by:
Based on a review of proficiency testing (PT) documentation from the American Proficiency Institute (API) and an interview with the laboratory manager on 5/16 /2023, the laboratory failed to document the review of PT results for the specialty of hematology. The findings include: 1. A review of PT documents for the specialty of hematology from API identified that the laboratory failed to document the review and evaluation of PT results by the laboratory director for event two (2) in 2022. 2. An interview with the laboratory manager on 5/16/2023 at 10:00 am confirmed that the laboratory director failed to document the review of PT results for hematology event two (2) in 2022. 3. The laboratory reports performing 42,480 hematology tests annually.