

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0521180	(X3) Date Survey Completed 12/08/2022
Name of Provider or Supplier Clearwater Valley Hospital	Street Address, City, State 301 Cedar St, Orofino, 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
D5451	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(iii)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- At least once a day patient specimens are assayed or examined perform the following for-- Test procedures producing graded or titered results include a negative control material and a control material with graded or titered reactivity, respectively; 493.1256 (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on a record review of immunohematology quality control (QC), patient testing logs and an interview with the laboratory manager on 12/8/2022, the laboratory failed to document control material results with graded or titered reactivity for immunohematology testing in 2022. The findings include: 1. A record review of immunohematology QC and immunohematology patient testing logs for 2021 and 2022 identified that the laboratory failed to document QC with a graded or titered reactivity on 4/14/2022, 4/17/2022, and 11/15/2022. 2. One patient blood and Rh type, was performed on 4/14/2022, one patient blood and Rh type and antibody screen was performed on 4/17/2022 and one patient blood and Rh type and antibody screen was performed on 11/15/2022 and the laboratory failed to document QC for these days as required by regulation for immunohematology testing. 3. An interview with the laboratory manager on 12/8/2022 at 3:20 pm confirmed the above findings. 4. The laboratory reports performing 644 immunohematology tests annually. 5. This is a repeat deficiency from the previous inspection on 6/24/2021.</p>