

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0521272	(X3) Date Survey Completed 09/03/2026
Name of Provider or Supplier Valor Health	Street Address, City, State 1202 E Locust St, Emmett, 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
D5445	CONTROL PROCEDURES CFR(s): 493.1256(d)(1)(2)(g) (d) 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-- (d)(1) Perform control procedures as defined in this section unless otherwise specified in the additional specialty and subspecialty requirements at 493.1261 through 493.1278. (d)(2) For each test system, perform control procedures using the number and frequency specified by the manufacturer or established by the laboratory when they meet or exceed the requirements in paragraph (d)(3) of this section. (d)(3) At least once each day patient specimens are assayed or examined perform the following for: This STANDARD is not met as evidenced by: Based on a review of laboratory quality control (QC) documentation and an interview with the microbiology general supervisor (GS), the laboratory failed to perform QC on the PathoDX Strep Grouping kit each day of use after 11/29/2025. The findings include: 1. A review of Microbiology QC logs identified that the laboratory failed to perform PathoDX test kit QC each day of patient testing for 1 of 12 months in 2025 and 8 of 8 months in 2026. 2. An interview with the microbiology GS on 9/3/2026 at 12:20 pm confirmed that they were no longer performing PathoDX QC each day of use just for each new lot and shipment. 3. The laboratory reports performing 3963 microbiology tests annually.
D5553	IMMUNOHEMATOLOGY CFR(s): 493.1271(b)(f) (b) Immunohematological testing and distribution of blood and blood products. Blood and blood product testing and distribution must comply with 21 CFR 606.100(b)(12); 606.160(b)(3)(ii) and (b)(3)(v); 610.40; 640.5(a), (b), (c), and (e); and 640.11(b).

This STANDARD is not met as evidenced by:

Based on a review of facility policies, interviews with the technical supervisor (TS) and emergency room (ER) nurse manager, the facility failed to have policies that included criteria for patient blood transfusion and expedited release in an emergency. The findings include: 1. A review of facility policies identified that the facility failed to have a policy that contained criteria for ordering patient blood products for transfusion and also criteria for expedited release of blood products in life-threatening emergencies. 2. An interview with the TS on 9/3/2026 at 9:28 am identified that they only had policies for after the blood products were ordered. 3. An interview with the ER nurse manager on 9/3/2026 at 9:35 am identified that there was only a policy for administering the blood product and they failed to have a policy for transfusion criteria and emergency release of blood products. 4. The facility reports performing 42 compatibility tests annually.