

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  13D0521434	<b>(X3) Date Survey Completed</b>  04/21/2021
<b>Name of Provider or Supplier</b>  Weiser Memorial Hospital	<b>Street Address, City, State</b>  645 E 5th St, Weiser, ID	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5545</b>	<p>HEMATOLOGY CFR(s): 493.1269(b)(d)</p> <p>(b) For all nonmanual coagulation test systems, the laboratory must include two levels of control material each 8 hours of operation and each time a reagent is changed. (d) The laboratory must document all control procedures performed, as specified in this section.</p> <p>This STANDARD is not met as evidenced by: Based on a record review of Sysmex CA 620 coagulation Quality Control (QC) documentation, patient coagulation log sheet, and an interview with the laboratory manager on 04/21/2021, the laboratory failed to include two levels of QC material each 8 hours of operation when patient testing occurred. The findings include: 1. A random record review of coagulation QC revealed that the laboratory failed to document 2 levels of QC every 8 hours that patient testing occurred on the following days: 01/18/2020, 05/06/2020, and 06/06/2020. 2. The laboratory's patient coagulation log sheet revealed that the laboratory failed to document QC on 01/18/2020 when a PT /INR and APTT patient sample was tested, on 05/06/2020 two patient samples were tested for PT/INR, and on 06/06/2020 two patient samples were tested for PT/INR and APTT. 3. An interview with the laboratory manager on 04/21/2021 at 1:30 PM confirmed that QC was not documented each 8 hours of operation, on the above dates, when patient testing occurred. 4. The laboratory reports performing 2,222 coagulation tests on the Sysmex CA 620 annually</p>