

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D0430815	(X3) Date Survey Completed 04/02/2019
Name of Provider or Supplier Morrison Community Hospital	Street Address, City, State 303 N Jackson, Morrison, IL	
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
D2173	<p>COMPATIBILITY TESTING CFR(s): 493.863(a)</p> <p>Failure to attain an overall testing event score of at least 100 percent is unsatisfactory performance.</p> <p>This STANDARD is not met as evidenced by: Based on a review of API (American Proficiency Institute) proficiency testing (PT) records and an interview with the general supervisor (GS), the laboratory failed to attain an overall testing event score of at least 100 percent for testing in the specialty of Immunohematology, during the year of 2017. Findings: 1. The API Immunohematology results for 2017 and 2018 were reviewed. 2. The laboratory failed to score 100% for the immunohematology PT tests performed in 2017. The unsatisfactory performance was for the following tests: a). Compatibility testing received a score of 80% for Event #1 of 2017; and b). Unexpected Antibody Detection received a score of 80% for Event #1 of 2017. 3. On a recertification survey conducted on 04/02/2019 at 2:30 PM, the GS confirmed the above findings.</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 record review and an interview with the general supervisor (GS), the laboratory failed to follow written procedures to assess employees performing moderately and highly complex testing for 6 out of 6 testing personnel (TP). Findings</p>

include: 1. The procedures manual and personnel records were reviewed. 2. The laboratory failed to follow the written competency procedure established by the laboratory director. 3. The laboratory begin to used a revised competency procedure to evaluate TP on 04/25/2017, a review of the changed competency revealed the following;; *a). The procedure no longer indicated whether the TP being assessed is evaluated as "Satisfactory or Unsatisfactory" *b). The procedure no longer indicated whether the TP is authorized to perform the test for which they were evaluated, and *c). The procedure no longer indicated whether the TP required supervision or not. 4. On a recertification survey conducted on 04/02/2019 at 2:30 PM, the GS confirmed the above findings and stated they were unaware the changes would lead to noncompliance.