

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D0431111	(X3) Date Survey Completed 11/03/2021
Name of Provider or Supplier St Margaret's Health - Spring Valley	Street Address, City, State 600 E First St, Spring Valley, 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
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 review of laboratory policies and procedures, lack of laboratory records and interview it was determined that the laboratory failed to establish written policies and procedures to assess and document the competency of two of two Technical Supervisors for 2020 and to the date of the survey in 2021. Findings include: 1. The Survey Team requested and the laboratory failed to provide written policies and procedures to describe the laboratory's process for assessing the competency of two of two Technical Supervisors. 2. The Survey Team requested and the laboratory failed to provide documentation of the evaluation of the competency of two of two Technical Supervisors for 2020 and to the date of the survey in 2021. Technical Supervisors include: - Laboratory Director/Technical Supervisor #1 - Technical Supervisor #2 3. During an interview with the Survey Team at 9:00 AM on November 3, 2021 the Laboratory Director/Technical Supervisor #1 confirmed these findings.</p>
D5619	<p>CYTOLOGY CFR(s): 493.1274(b)(3)</p> <p>(b) Staining. The laboratory must have available and follow written policies and procedures for each of the following, if applicable: (b)(3) Nongynecologic specimens that have a high potential for cross-contamination must be stained separately from other nongynecologic specimens, and the stains must be filtered or changed following staining.</p>

This STANDARD is not met as evidenced by:
Based on review of laboratory policies and procedures, lack of laboratory records and interview it was determined that the laboratory failed to establish written policies and procedures for identifying nongynecologic specimens with a high potential for cross-contamination and staining them separately from other nongynecologic specimens and filtering or changing the stains following staining. Findings include: 1. The Survey Team requested and the laboratory failed to provide written policies and procedures for identifying nongynecologic specimens with a high potential for cross-contamination and staining them separately from other nongynecologic specimens and filtering or changing the stains following staining. 2. The Survey Team requested and the laboratory failed to provide records documenting that stains were filtered or changed following staining of specimens with a high potential for cross-contamination. 3. During an interview with the Survey Team at 3:30 PM on November 2 , 2021 the Laboratory Director/Technical Supervisor #1 confirmed these findings.

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