

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0385651	(X3) Date Survey Completed 09/16/2026
Name of Provider or Supplier Horn Memorial Hospital	Street Address, City, State 701 East Second Street, Ida Grove, IA	
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
D5545	HEMATOLOGY CFR(s): 493.1269(b)(d) (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. This STANDARD is not met as evidenced by: Based on review of d-dimer quality control (QC) records, patient test records, and confirmed by interview with general supervisor #1 (GS #1) at 12:25 pm on 09/16 /2026, the laboratory failed to perform two levels of d-dimer controls each eight hours of operation for one out of 14 days of patient testing reviewed in March 2026. The findings include: 1. The laboratory performs d-dimer testing on the IL ACL Top 300 test system. 2. GS #1 stated that the laboratory performs QC when it has a patient test to run. 3. On 03/10/2026, the laboratory performed level 1 d-dimer QC at 11:32 am, but did not run a second level of QC. 4. On 3/10/2026, the laboratory reported one patient test at 12:16 pm. 5. At the time of the survey, GS #1 confirmed the laboratory failed to perform two levels of d-dimer QC on 03/10/2026.