Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	16D0686757	08/13/2026
Name of Provider or Supplier	**Street Address, City, State**	
Ringgold County Hospital	504 N Cleveland Street, Mount Ayr, 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
D5555	IMMUNOHEMATOLOGY CFR(s): 493.1271(c)(f) (c) Blood and blood products storage. Blood and blood products must be stored under appropriate conditions that include an adequate temperature alarm system that is regularly inspected. (c)(1) An audible alarm system must monitor proper blood and blood product storage temperature over a 24-hour period. (c)(2) Inspections of the alarm system must be documented. This STANDARD is not met as evidenced by: Based on review of the laboratory's blood bank policies, blood bank system alarm check records, and confirmed by interview with technical supervisor identifier #1 (TS #1) at approximately 2:30 pm on 8/13/2026, the laboratory failed to inspect, perform, and document quarterly alarm system checks for the blood storage refrigerator and freezer for one out of six time periods from 01/01/2025- 8/13/2026. The findings include: 1. The laboratory's blood bank alarm check policy stated blood bank refrigerator and freezer alarm checks would be performed quarterly. 2. The laboratory had documented blood bank refrigerator and freezer alarm checks on: 1/10/25, 3/21 /2025, 7/25/2025, 11/12/2025 and 5/28/2026. 3. TS #1 confirmed at the time of the survey the laboratory did not have blood bank refrigerator and freezer alarm checks for the first quarter of 2026, time period between 11/12/2025 and 5/28/2026.
D5783	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(2) (b)(2) Results of control or calibration materials, or both, fail to meet the laboratory's established criteria for acceptability. All patient test results obtained in the unacceptable test run and since the last acceptable test run must be evaluated to determine if patient test results have been adversely affected. The laboratory must take the corrective action necessary to ensure the reporting of accurate and reliable

	patient test results. This STANDARD is not met as evidenced by: Based on review of the Test List and Annual Volume form, Activated Prothrombin Time (APTT) procedure, APTT quality control (QC) records and confirmed by interview with technical supervisor #1 (TS #1) at 12:46 pm on 8/13/2026, the laboratory failed to document corrective action when APTT QC level 1 fell outside of the established ranges for 66 out of 66 eight hour time periods and when APTT QC level 3 fell outside of the established ranges for 24 out of 66 eight hours time periods from 4/1/2026 - 4/30/2026. The findings include: 1. The APTT procedure stated that two levels of QC would be performed each 8 hours of patient testing and the following steps would be documented when QC fell outside of the established ranges, "Corrective action when tolerance limits are exceeded: rerun out of range control material. Verify reagent performance, check instrument performance, document any actions taken to identify and correct the problem before reporting any patient data." 2. For APTT level 1 QC the laboratory established the QC range as 24.68 - 26.89 seconds. The laboratory accepted the following out of range QC for APTT level 1: *4 /1/26: AM - 27.9, PM - 28.0, Night - 27.9 seconds; *4/2/26: AM - 27.7, Night - 28.0 seconds; *4/3/26: AM - 27.9, PM - 28.3, Night - 28.3 seconds; *4/4/26: AM - 27.6, PM - 28.1, Night - 28.4 seconds; *4/5/26: AM - 28.7, PM - 27.6 seconds; *4/6/26: AM - 28.1, PM - 28.5, Night - 28.8 seconds; *4/7/26: AM - 27.4, Night - 27.8 seconds; *4/8/26: AM - 27.9, PM - 28.2, Night 28.0 seconds; *4/9/26: AM - 27.6, Night 27.8 seconds; *4/10/26: AM - 27.4, Night 27.8 seconds; *4/13/26: AM - 27.3, PM - 27.5, Night 27.7 seconds; *4/14/26: AM - 27.6, PM - 27.4 Night 27.1 seconds; *4/15/26: AM - 27.9, PM - 27.6, Night 27.9 seconds; *4/16/26: AM - 27.9, PM - 27.3, Night 27.7 seconds; *4/17/26: AM - 27.6, Night 27.9 seconds; *4/18/26: Night - 29.0 seconds; *4/19/26: AM - 27.6, Night 27.6 seconds; *4/20/26: AM - 28.1, Night 28.5 seconds; *4/21/26: AM - 27.6, Night 27.9 seconds; *4/22/26: AM - 27.5, Night 27.7 seconds; *4/23/26: AM - 27.2, Night 27.4 seconds; *4/24/26: AM - 27.9, PM - 28.1, Night 28.3 seconds; *4/25/26: PM - 28.3, Night - 28.8 seconds; *4/26/26: AM - 27.2 seconds; *4/27/26: AM - 27.7, Night - 27.6 seconds; *4/28/26: AM - 27.7, Night - 28.1 seconds; *4/29/26: AM - 27.4, PM - 27.6, Night 27.7 seconds; and *4/30/26: AM - 27.6, PM - 27.7; Night 27.9 seconds. 3. For APTT level 3 QC the laboratory established the QC range as 53.64 - 60.04 seconds. The laboratory accepted the following out of range QC for APTT level 1: *4/1/26: AM - 53.5, Night - 53.4 seconds; *4/2/26: AM - 53.5 seconds; *4/3/26: AM - 52.9, PM - 53.0, Night 52.7 seconds; *4/4/26: AM - 53.2 seconds; *4/7/26: AM - 53.2 seconds; *4/8/26: PM - 53.5, Night - 53.3 seconds; *4/9/26: AM - 53.2, Night - 53.3 seconds; *4/14/26: AM - 53.5 seconds; *4/15/26: AM - 53.5 seconds; *4/16/26: PM - 52.5, Night 53.0 seconds; *4/17/26: AM - 53.5 seconds; *4/19/26: AM - 53.5 seconds; *4/23/26: AM 53.2, Night - 53.4 seconds; *4/24/26: PM - 53.2 seconds; *4/26/26: AM - 53.2 seconds; *4 /28/26: AM - 53.4 seconds; and *4/29/26: PM - 53.5 seconds. 4. The Test List and Annual Volume form confirmed the laboratory performs an average of 38 patient APTT results per month. 5. TS #1 confirmed at the time of the survey, the laboratory did not have corrective action for the above out of range QC.
D6054	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) (b)(9) Thereafter, evaluations must be performed at least annually

	This STANDARD is not met as evidenced by: Based on review of the Laboratory Test List and Annual Volume form, personnel records and confirmed by technical consultant identifier #1 (TC #1) at 11:30 am on 8 /13/2026, the technical consultant failed to document annual competency assessments on five out of eight testing personnel performing arterial blood gas testing from 1/1 /2024 - 8/13/2026. The findings include: 1. The Laboratory Test List and Annual Volume form confirmed the laboratory performed arterial blood gas testing using the Opti - CCA test system. 2. In 2024, the laboratory did not have arterial blood gas competency assessments for testing personnel identifiers: #1, #2, #3, #4, and #5. 3. In 2025, the laboratory did not have arterial blood gas competency assessments for testing personnel identifiers #1 and #2. 4. TC #1 confirmed the above testing personnel performed arterial blood gas testing in 2024 and 2025 without competency assessments being documented.