Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	17D0451291	06/13/2023
Name of Provider or Supplier	**Street Address, City, State**	
William Newton Hospital	1300 E 5th Ave, Winfield, KS	

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
D6096	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(7) The laboratory director must ensure that all necessary remedial actions are taken and documented whenever significant deviations from the laboratory's established performance characteristics are identified. This STANDARD is not met as evidenced by: Based on the Plan of Correction (POC) signed by the laboratory director (LD) on 11 /16/22, lack of documentation for the LD's review of specimen rejection logs, lack of documentation for the LD's review of QC/Corrective action logs for chemistry, and interview with the LD, the LD failed to ensure all remedial actions for specimen submission, handling and referral, and corrective actions for chemistry quality control (QC), including patient remediation were completed as required. Findings: 1. Review of the POC signed 11/16/22 by the LD contained the following for D5311: "The Laboratory Director will monitor specimen submission, handling, and referral by reviewing rejected specimen logs along with testing personnel competency assessments." a. Review of the specimen rejection logs from 11/1/22 to date of survey revealed no documentation of the LD review for seven of seven months. 2. Review of the POC signed 11/16/22 by the LD contained the following for D5783: " The Laboratory Director will review QC/Corrective action logs monthly." a. Request was made for documentation of the LD's review of the QC/Corrective action log. No documentation of the LD's review of the QC/Corrective action log was made available at the time of survey for seven of seven months. 3. Interview with the LD on 6/13/23 at 9:15 a.m. confirmed, the LD failed to ensure all remedial actions for specimen submission, handling and referral, and corrective actions for chemistry QC, including patient remediation were completed as required.