

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 17D0453239	<b>(X3) Date Survey Completed</b> 10/09/2018
<b>Name of Provider or Supplier</b> Meade District Hospital	<b>Street Address, City, State</b> 510 E Carthage Street, Meade, KS	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5445</b>	<p><b>CONTROL PROCEDURES</b> CFR(s): 493.1256(d)(1)(2)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- (d)(1) Perform control procedures as defined in this section unless otherwise specified in the additional specialty and subspecialty requirements at 493.1261 through 493.1278. (d)(2) For each test system, perform control procedures using the number and frequency specified by the manufacturer or established by the laboratory when they meet or exceed the requirements in paragraph (d)(3) of this section. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on interview with General Supervisor #1 and the review of the package inserts and patient test logs, the laboratory failed to perform external quality control (QC) for moderate complexity testing for SERUM HCG. Findings: 1. Review of patient logs showed external quality control was not performed each day of patient testing on 1/5 /2018, 1/10/2018, 1/11/2018, 1/31/2018, 2/12/2018. 2. No IQCP has been completed to allow the lab to reduce the frequency of QC for SERUM HCG. The interview occurred on 10/9/2018 @ 1150.</p>