

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0453249	(X3) Date Survey Completed 05/18/2021
Name of Provider or Supplier Satanta District Hospital & Ltcu Nur	Street Address, City, State 401 Cheyenne, Satanta, 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
D5891	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291.</p> <p>This STANDARD is not met as evidenced by: Based on the review of the Quality Assurance (QA) plan, lack of post analytical review documentation and interview, the laboratory failed to perform post analytical quality assessment to ensure the accurate transfer of patient test information. Findings: 1. Review of the "Quality Assurance Plan" revealed no process for the review of manually entered patient test results into the electronic health record. 2. A request for documentation of the review of manually entered patient test results for April 3, 2019 to May 18, 2021 was not available at the time of survey. Technical Consultant (TC) #2 stated they did not review the patient record for manually entered results. 3. Interview with TC #2 on May 18, 2021 at 11:05 a.m. confirmed, the laboratory failed to perform post analytical quality assessment to ensure the accurate transfer of patient test information.</p>