

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  17D0453281	<b>(X3) Date Survey Completed</b>  02/19/2018
<b>Name of Provider or Supplier</b>  Greeley County Hospital / Long Term Care	<b>Street Address, City, State</b>  506 Third Street, Tribune, 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>D5413</b>	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b)</p> <p>The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (1) Water quality. (2) Temperature. (3) Humidity. (4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports.</p> <p>This STANDARD is not met as evidenced by: A review of Temperature and humidity logs and interview with staff revealed the laboratory failed to document the humidity for the laboratory as the Dimension EXL the chemistry analyzer requires. Findings were as follows: a. Based upon review of manufacture's operators guide the laboratory failed to document the humidity 20% to 80% for the laboratory . b. At the time of the survey 02/19/2018 the laboratory failed to produce documentation of humidity, This was confirmed by the Testing Person #1 from CMS 209 form on 02/19/2018 at 10:30 hours.</p>
<b>D5449</b>	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(ii)(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-- At least once a day patient specimens are assayed or examined perform the following for-- Each qualitative procedure, include a negative and positive control material; (g) The laboratory must document all control procedures performed.</p>

This STANDARD is not met as evidenced by:  
. Review of 2017 and 2018 patient test records and 2017 and 2018 quality control (QC) records reveals that the laboratory fails to performs a positive and negative control material each day of patient testing on the Bio-Rad Tox/See Drugs of Abuse Test Kit. Findings were as Follows; a . Based upon a review of drug testing log sheets revealed the laboratory from failed to perform QC testing on each day of use from 01 /17/2017 to 05/1/2017 24 patients were tested from 05/21/2017 to 06/26/2017 14 patients were tested 06/29/2017 to 09/27/2017 19 patients were tested 09/29/2017 to 02/15/2018 38 patients were tested No IQCP has been developed to enable the laboratory to reduce the frequency of QC.

**D5783**

**CORRECTIVE ACTIONS**  
CFR(s): 493.1282(b)(2)

(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (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:  
A review of the Quality Control (QC) procedure and interview with staff revealed the laboratory failed to produce a policy concerning a failed QC concerning patient results Finding were as follows a. Interview with Testing Person #1 from the CMS 209 02/19 /2018 at 9:30 hrs. confirmed the laboratory failed to have the policy, (All patients 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).