

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0453281	(X3) Date Survey Completed 03/18/2019
Name of Provider or Supplier Greeley County Hospital / Long Term Care	Street Address, City, State 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.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D5400	<p>ANALYTIC SYSTEMS CFR(s): 493.1250</p> <p>Each laboratory that performs nonwaived testing must meet the applicable analytic systems requirements in 493.1251 through 493.1283, unless HHS approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub.7), that provides equivalent quality testing. The laboratory must monitor and evaluate the overall quality of the analytic systems and correct identified problems as specified in 493.1289 for each specialty and subspecialty of testing performed.</p> <p>This CONDITION is not met as evidenced by: Based on review of available records, the laboratory fails to monitor and evaluate the overall quality of the analytic systems and correct identified problems as specified in 493.1289 for each specialty and subspecialty of testing performed. See .D 5449.</p>
D5449	<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> <p>This STANDARD is not met as evidenced by: Review of March 1, 2018 to March 18, 2019 patient test records and quality control (QC) records reveals that the laboratory failed to perform a positive and negative control material each day of patient testing on the Bio-Rad Tox/See Drugs of Abuse Test Kit in 7 out of 98 days of testing. Findings were as follows; a. Based upon a</p>

review of drug testing log sheets revealed the laboratory failed to perform QC testing on each day of use on the following dates: Aug 7, 2018, Aug 18,2018, September 19, 2018 ,November 26,2018, December 21,2018, January 11,2019, January 27, 2019. b. Interview with the General Supervisor on March 18, 2019 @1130 confirmed that the laboratory failed to perform QC testing on each day of use according to the Drug Screen Monitoring Log Sheet and the directions at the bottom of the sheet to perform QC with each day of patient testing and each new lot. No IQCP has been developed to enable the laboratory to reduce the frequency of QC. ***This is a repeat of the deficiency, previously cited on February 19, 2018.