

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D0664118	(X3) Date Survey Completed 02/22/2018
Name of Provider or Supplier Grace Community Health Center, Inc DbA	Street Address, City, State 57 Summit Drive, Corbin, KY	
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
D5807	<p>TEST REPORT CFR(s): 493.1291(d)</p> <p>Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview on 01/31/2018, the laboratory failed to ensure normal values were available to the authorized person for five (5) of six (6) patient Complete Blood Cell (CBC) test reports. The findings include: A CBC was reported on Patient #1 on 12/14/17. The report failed to include reference ranges for each analyte. A CBC was reported on Patient #2 on 07/29/16. The report failed to include reference ranges for each analyte. A CBC was reported on Patient #3 on 11/29/16. The report failed to include reference ranges for each analyte. A CBC was reported on Patient #5 on 06/21/17. The report failed to include reference ranges for each analyte. A CBC was reported on Patient #6 on 09/19/17. The report failed to include reference ranges for each analyte. Testing personnel acknowledged in an interview at 9:45 AM on 02/22/2018, the laboratory failed to establish a system to ensure reference ranges were available for all analytes reported.</p>
D6046	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)</p> <p>(b) The technical consultant is responsible for-- (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on record review and staff interview on 02/22/18 , the Technical Consultant failed to perform and document annual competency assessments using the six (6) mandated competency assessment requirements for three (3) of eight (8) testing personnel in 2016 and 2017. The findings include: Record review revealed annual competency assessments failed to include direct observation of routine patient test performance, monitoring the recording and reporting of test results, review of worksheets, quality control records, proficiency test results, maintenance records, direct observation of maintenance and function checks, assessment of testing external proficiency testing samples, and assessing the skills for solving problems. Testing personnel acknowledged in an interview at 9:00 AM on 02/22/18, the laboratory failed to have a system in place to ensure competency evaluations were performed using the six (6) mandated competency assessment requirements.