

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0868765	(X3) Date Survey Completed 10/12/2023
Name of Provider or Supplier Hood Memorial Hospital Respiratory Srv	Street Address, City, State 301 W Walnut St, Amite, LA	
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
D0000	A Certification survey was performed on October 16, 2023 at Hood Memorial Hospital-Respiratory, CLIA ID # 19D0868765. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on review of random selection of patient final test reports, patient test logs, and interview with personnel, the laboratory failed to include the address where testing was performed for twenty three (23) of forty one (41) patients in 2023. Findings: 1. Review of random selection of patient final test reports for arterial blood gases revealed the laboratory did not include the address of the laboratory where testing was performed for the following four (4)patients: Patient 827943 Patient 830490 Patient 830551 Patient 1018011 2. In interview on October 12, 2023 at 11:30 am, the Diagnostic Services Director stated the laboratory's address was not included on patient final test reports since June 2023. 3. Review of patient test logs for 2023 revealed the laboratory tested a total of twenty three (23) patients from June 12, 2023 through October 9, 2023.</p>

<p>D6026</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(8)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(8) Ensure that reports of test results include pertinent information required for interpretation.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with personnel, the Laboratory Director failed to ensure patient final test reports included required pertinent information. Refer to D5805.</p>
<p>D6030</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(12)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(12) Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills;</p> <p>This STANDARD is not met as evidenced by: Based on review of policies, personnel records, and interview with personnel, the Laboratory Director failed to ensure policies and procedures for assessing personnel competency were maintained. Refer to D6052.</p>
<p>D6052</p>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)(vi)</p> <p>The procedures for evaluation of the competency of the staff must include, but are not limited to assessment of problem solving skills.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's policies, personnel competency assessment records, and interview with personnel, the Technical Consultant failed to ensure two (2) of ten (10) testing personnel reviewed were assessed for their problem solving skills of moderate complexity testing in 2022. Findings: 1. Review of the laboratory's "Blood Gas Competency Evaluation" revealed "Annually, all personnel are reevaluated to ensure that each person maintains a satisfactory level of competence to perform testing. Continued competency assessment may include but not limited to: Direct observations of routine test performance, including patient preparation, if applicable, specimen handling, processing and testing. Monitoring the recording and</p>

reporting of test results. Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventative maintenance records. Direct observation of performance of instrument preventive maintenance, function checks and troubleshooting. Assessment of test performance through testing previously analyzed specimens. Assessment of problem-solving skills. Simulation." 2. Review of the 2022 personnel competency assessment records revealed problem solving skills were not assessed for Testing Personnel 4 and Testing Personnel 5. 3. In interview on October 12, 2023 at 10:00 am, the Quality Assurance personnel confirmed the laboratory did not have documented assessment of problem solving skills in 2022 for the identified two (2) personnel.