

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 23D0915078	<b>(X3) Date Survey Completed</b> 01/06/2025
<b>Name of Provider or Supplier</b> Huron Medical Center Pc	<b>Street Address, City, State</b> 1221 Pine Grove Ave, 2nd Floor, Port Huron, MI	
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>D3011</b>	<p>FACILITIES CFR(s): 493.1101(d)</p> <p>Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials.</p> <p>This STANDARD is not met as evidenced by: . Based on observation, record review, and interview with the technical consultant, the laboratory failed to follow its biohazardous safety procedures while performing blood specimen collection for one of one observed specimen collections. Findings include: 1. The surveyor observed collection personnel #1 on 1/6/25 at 11:05 am perform a blood specimen collection off of a peripherally inserted central catheter (PICC). After flushing the line and wasting 10 mL of blood, collection personnel #1 pulled off a syringe of blood, added a needle to the end of the syringe, and stabbed the top of a lavender-top vacutainer blood collection tube. Once the tube was filled, the needle was recapped. 2. A review of the laboratory's "General Laboratory Policies Safety" policy revealed a section titled "Avoiding Needle Sticks" stating, "Sticking yourself with a contaminated needle is a most serious hazard. It almost always happens when the worker goes to recap the needle after using it." 3. A review of the laboratory's "Venipuncture" policy revealed a section stating, "Never recap the needle." 4. An interview on 1/6/25 with the technical consultant confirmed collection personnel #1 had not followed safety procedures.</p>
<b>D5311</b>	<p>SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(a)</p> <p>(a) The laboratory must establish and follow written policies and procedures for each of the following, if applicable: (a)(1) Patient preparation. (a)(2) Specimen collection. (a)(3) Specimen labeling, including patient name or unique patient identifier and,</p>

when appropriate, specimen source. (a)(4) Specimen storage and preservation. (a)(5) Conditions for specimen transportation. (a)(6) Specimen processing. (a)(7) Specimen acceptability and rejection. (a)(8) Specimen referral.

This STANDARD is not met as evidenced by:

. Based on observation, record review, and interview with the technical consultant, the laboratory failed to establish a specimen labeling policy for two (January 2023 to January 2025) of two years reviewed. Findings include: 1. The surveyor observed Collection Personnel #2 on 1/6/25 at 11:05 am entering the laboratory with a lavender-top blood tube that had not been labeled with patient information. Collection Personnel #2 proceeded to label the tube prior to performing a Complete Blood Count. 2. A review of the laboratory's policies and procedures revealed a lack of specimens labeling policy. 3. An interview on 1/6/25 at 1:03 pm with the technical consultant confirmed the laboratory had not established a specimen labeling policy.