

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D0403746	(X3) Date Survey Completed 12/18/2018
Name of Provider or Supplier Essentia Health Hibbing Clinic	Street Address, City, State 730 East 34th St, Hibbing, MN	
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
D5415	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (1) Identity and when significant, titer, strength or concentration. (2) Storage requirements. (3) Preparation and expiration dates. (4) Other pertinent information required for proper use.</p> <p>This STANDARD is not met as evidenced by: . Based on observation, document review and interview with laboratory personnel, the laboratory failed to label secondary containers used for Hematology manual blood smears. Findings are as follows: 1. The laboratory performed Hematology testing as confirmed by the General Supervisor (GS) during a tour of the laboratory on 12/18/18 at 9:10 a.m. 2. Two unlabeled glass jars containing liquid were observed as available for use in the laboratory during the tour. 3. The GS stated the unlabeled jars contained the Wright stain set up used for manual blood smears. 4. In an interview on 12/18/18 at 9:20 a.m., the GS confirmed the jars were not labeled.</p>