

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D0406702	(X3) Date Survey Completed 05/22/2025
Name of Provider or Supplier Kittson Memorial Hospital Association	Street Address, City, State 1010 S Birch Ave, Hallock, 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
D0000	<p>. The Kittson Memorial Hospital Association laboratory was found to be out of compliance with the regulations of the Clinical Laboratory Improvement Amendments of 1988 (42 C.F.R. part 493) upon completion of the recertification survey performed on May 22, 2025. The following standard-level deficiencies were cited: 493.1451 Technical supervisor responsibilities .</p>
D6120	<p>TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(7)(8)</p> <p>(b)(7) Identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; (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: . Based on document review and interview with laboratory personnel, the Technical Supervisor failed to ensure comprehensive initial, semi-annual, and annual competency assessments were performed on five of five testing personnel in 2023, four of four testing personnel in 2024, and one of one new testing personnel in 2025. Findings are as follows: 1. The laboratory performed Urinalysis and Immunochemistry testing as confirmed by the General Supervisor (GS) during a tour of the laboratory at 8:20 a.m. on 05/22/25. 2. A Nikon Eclipse e200 microscope was observed as present and available for use during the tour. Urine sediment microscopic examinations (USed) were performed using the microscope. Compatibility Testing (Crossmatch) was performed by the laboratory as part of Immunochemistry services provided as confirmed by the GS during the tour. 3. Personnel competency evaluations encompassing all duties performed were required as established in the Competency Assessment and Training procedure found in the Lab Services Manual. 4. The USed and Crossmatch tests were not included on the</p>

competency assessment forms completed in 2023 through May 2025. Testing personnel (TP) were not assessed for competency on these tests. See below. 2023 - 2 of 2 new TP were not assessed initially or semi-annually 2023 - 3 of 3 tenured TP were not assessed annually 2024 - 2 of 2 new TP were not assessed initially or semi-annually 2024 - 2 of 2 tenured TP were not assessed annually 2025 - 1 of 1 new TP was not assessed initially Semi-annual and annual competency assessments for 2025 are in progress but have not yet been completed. 5. The laboratory was unable to provide documentation of USed and Crossmatch competency assessments completed in 2023, 2024, and 2025 upon request. 6. In an interview at 11:55 a.m. on 05/22/25, the GS confirmed the above finding. .