

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D0709228	(X3) Date Survey Completed 08/16/2018
Name of Provider or Supplier Ridgeview Lesueur Medical Center	Street Address, City, State 621 South Fourth St, Le Sueur, 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
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 observation, document review and interview with laboratory personnel, the laboratory failed to ensure reference intervals were consistent between procedure and patient test report. Findings are as follows: 1. The laboratory performed Coagulation testing as confirmed by the General Supervisor (GS) during a tour of the laboratory on 8/15/18 at 10:05 a.m. 2. A Hemachron Signature Elite coagulation analyzer was observed as present and available for use during the tour. 3. The reference interval listed in the Citrate Prothrombin Time (PT) Hemachron Whole Blood Microcoagulation System Procedure, located in the Lab Testing Procedure, 2 of 2 Manual, was not consistent with that included on the patient test report (Female - 82 years, Date performed 5/26/18) reviewed on date of survey. Analyte Procedure Report ProTime 8.0 - 13.0 8.0 - 12.0 4. In an interview at 3:15 p.m. on 8/15/18, the GS confirmed the above findings. .</p>