

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D0316816	(X3) Date Survey Completed 07/18/2018
Name of Provider or Supplier South Sunflower County Hospital	Street Address, City, State 121 East Baker Street, Indianola, MS	
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
D5439	<p>CALIBRATION AND CALIBRATION VERIFICATION CFR(s): 493.1255(b)</p> <p>Unless otherwise specified in this subpart, for each applicable test system the laboratory must do the following: Perform and document calibration verification procedure - (b)(1) Following the manufacturer's calibration verification instructions; (b)(2) Using the criteria verified or established by the laboratory under 493.1253(b)(3) -- (b)(2)(i) Including the number, type, and concentration of the materials, as well as acceptable limits for calibration verification; and (b)(2)(ii) Including at least a minimal (or zero) value, a mid-point value, and a maximum value near the upper limit of the range to verify the laboratory's reportable range of test results for the test system; and (b)(3) At least once every 6 months and whenever any of the following occur: (b)(3)(i) A complete change of reagents for a procedure is introduced, unless the laboratory can demonstrate that changing reagent lot numbers does not affect the range used to report patient test results, and control values are not adversely affected by reagent lot number changes. (b)(3)(ii) There is major preventive maintenance or replacement of critical parts that may influence test performance. (b)(3)(iii) Control materials reflect an unusual trend or shift, or are outside of the laboratory's acceptable limits, and other means of assessing and correcting unacceptable control values fail to identify and correct the problem. (b)(3)(iv) The laboratory's established schedule for verifying the reportable range for patient test results requires more frequent calibration verification.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Biosite Triage Meter records from installation on 11-30-16 through date of survey and confirmation with staff at 1:30 pm on 7-18-18, the laboratory failed to perform calibration verification on D-dimer tests every 6 months. Findings include: Review of D-dimer records from installation through the day of survey 7-18-18, and interview with staff, revealed calibration verification had not been performed on D-dimer testing since installation on 11-30-16 . Calibration</p>

verification was not documented as performed on the Biosite Triage Meter for D-dimer testing according to the required manufacturer's frequency.