Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	25D0690739	06/12/2026
Name of Provider or Supplier	**Street Address, City, State**	
Highland Community Hospital	130 Highland Parkway, Picayune, 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
D5559	IMMUNOHEMATOLOGY CFR(s): 493.1271(e)(f) (e) Investigation of transfusion reactions. (e)(1) According to its established procedures, the laboratory that performs compatibility testing, or issues blood or blood products, must promptly investigate all transfusion reactions occurring in facilities for which it has investigational responsibility and make recommendations to the medical staff regarding improvements in transfusion procedures. (e)(2) The laboratory must document, as applicable, that all necessary remedial actions are taken to prevent recurrences of transfusion reactions and that all policies and procedures are reviewed to assure they are adequate to ensure the safety of individuals being transfused. (f) Documentation. The laboratory must document all control procedures performed, as specified in this section. This STANDARD is not met as evidenced by: Based on review of the laboratory's Transfusion Reaction Investigation procedures, Transfusion Reaction Investigation Laboratory Worksheets, and interview with the general supervisor, the laboratory failed to follow its established procedures for Transfusion Reaction Investigations for three, of eight, transfusion reaction investigations performed since the last survey on 2/29/2024. Findings include: 1. Review of the laboratory's procedure manual revealed the "Transfusion Reaction Investigation" procedure, implemented 10/5/2018, stated, "If the reaction report from the nursing unit includes any increase in patient temperature, fill out a blood reaction request for Gram stain and culture and submit the component and IV solutions to the microbiology department." 2. The following two transfusion reaction investigations, for which the reports from the nursing unit listed "fever" as patient symptoms, did not include a Gram stain or culture of the packed red blood cell (PRBC) units being transfused: 5/20/2024--Patient #14803688, PRBC Unit #W0671-24-003892. 7/19 /2024--Patient #15006919, PRBC Unit #W0671-24-013949. 3. The laboratory's "Transfusion Reaction Investigation" procedure, revised 7/8/2024, stated, "Repeat

	crossmatch on both pre- and post-transfusion specimens." 4. The Transfusion Reaction Investigation Laboratory Worksheet for Patient #14394738 on 3/9/2025 did not include documentation of a crossmatch performed on the pre-transfusion and post-transfusion specimens, after transfusion of PRBC Unit #W0671-25-003534. 5. In an interview on 6/11/2026 at 2:45 p.m., the general supervisor confirmed the transfusion reaction investigations for Patients #14803688 and #15006919 did not include Gram stains or cultures, and the transfusion reaction investigation for Patient #14394738 did not include crossmatches on the pre-transfusion and post-transfusion specimens.