

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D1047462	(X3) Date Survey Completed 01/09/2020
Name of Provider or Supplier Greene County Hospital	Street Address, City, State 1017 Jackson Avenue, Leakesville, 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
D5481	<p>CONTROL PROCEDURES CFR(s): 493.1256(f)(g)</p> <p>(f) Results of control materials must meet the laboratory's and, as applicable, the manufacturer's test system criteria for acceptability before reporting patient test results. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on review of prothrombin time (PT) and activated partial thromboplastin time (APTT) quality control results and patient logs from 7-1-19 through 9-30-19 and the laboratory's established quality control ranges for PT and APTT testing on the Instrumentation Laboratories ACL 7000 coagulation system, the laboratory failed to ensure at least two levels of control results met the laboratory's criteria for acceptability before reporting patient PT and APTT results on seventeen days during this time frame when a total of twenty-two patient results were reported. Findings include: 1. Review of the laboratory's established quality control ranges, PT quality control results, and patient logs from 7-1-19 through 9-30-19 revealed at least one of two PT controls was outside the laboratory's established ranges on the following days when patient PT results were reported: 8-4-19--Patient #M000175420. 9-5-10--Patient #M000004845. 2. Review of the laboratory's established quality control ranges, APTT quality control results, and patient logs from 7-1-19 through 9-30-19 revealed at least one of two APTT controls was outside the laboratory's established ranges on the following days when patient APTT results were reported: 7-10-19--Patient #M000189891. 7-12-19--Patients #M000011237, #M000195269. 7-15-19--Patients #M000217776, #M000190754. 7-16-19--Patients #M000221705, #M000177236. 7-29-19--Patient #M000015205. 7-30-19--Patient #M000222167. 8-10-19--Patient #M000222296. 8-11-19--Patient #M006905632. 8-21-19--Patient #M007539018. 8-22-19--Patient #M007884604. 9-4-19--Patients #M000186276, #M000008624. 9-5-19--Patient #M000004845. 9-16-19--Patient #M000181087. 9-23-19--Patient #M000012437. 9-24-19--Patient #M007795545. 9-30-19--Patient #M000213602.</p>

<p>D6049</p>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)(iii)</p> <p>The procedures for evaluation of the competency of the staff must include, but are not limited to review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records.</p> <p>This STANDARD is not met as evidenced by: Based on review of quality control records, to include calibration and calibration verification records, and preventive maintenance records for moderate complexity testing, a qualified technical consultant failed to document review of quality control and preventive maintenance records, in evaluating the competency of testing personnel, from March 2018 through the day of the survey on 1-9-20. Findings include: Review of quality control records, to include calibration and calibration verification records, and preventive maintenance records revealed no documentation of review by a qualified technical consultant from March 2018 through the day of the survey on 1-9-20 for the following records: 1. Quality control records, to include calibration and calibration verification records, for the ACL-7000 coagulation system, Sysmex KX-21N hematology analyzer, Roche Integra 400 Plus chemistry system, Roche Cobas e411 immunoassay system, and GEM Premier 3000 blood gas analyzer. 2. Preventive maintenance records for the ACL-7000 coagulation system, Sysmex KX-21N hematology analyzer, Roche Integra 400 Plus chemistry system, Roche Cobas e411 immunoassay system, and GEM Premier 3000 blood gas analyzer.</p>
<p>D6053</p>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Centers for Medicare and Medicaid Services (CMS) 209 personnel form and personnel records since the last survey on 12-14-17, a qualified technical consultant failed to evaluate and document the performance of Testing Personnel #2 and #6 for moderate complexity testing, at least semiannually during the first year these individual tested patient specimens. Findings include: Review of the CMS 209 personnel form and personnel records since 12-14-17 revealed no semiannual evaluation, for the performance of moderate complexity testing, by a qualified technical consultant for the following testing personnel: Testing Personnel #2, since initial evaluation of 10-8-18. Testing Personnel #6, since initial evaluation of 4-30-18.</p>
<p>D6054</p>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year.</p>

This STANDARD is not met as evidenced by:

Based on review of the CMS 209 personnel form and personnel records since the last survey on 12-14-17, a qualified technical consultant failed to evaluate and document the performance of Testing Personnel #2 through #6 for moderate complexity testing, at least annually. Findings include: Review of the CMS 209 personnel form and personnel records since 12-14-17 revealed no annual evaluation, for the performance of moderate complexity testing, by a qualified technical consultant for the following testing personnel: Testing Personnel #2, since initial evaluation of 10-8-18. Testing Personnel #3, since the last survey on 12-14-17. Testing Personnel #4, since 1-15-18. Testing Personnel #5, since the last survey on 12-14-17. Testing Personnel #6, since initial evaluation of 4-30-18.