

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 26D0046175	<b>(X3) Date Survey Completed</b> 03/12/2024
<b>Name of Provider or Supplier</b> Bates County Memorial Hospital	<b>Street Address, City, State</b> 615 W Nursery St, Butler, MO	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5503</b>	<p><b>BACTERIOLOGY</b> CFR(s): 493.1261(a)(2)</p> <p>(a) The laboratory must check the following for positive and negative reactivity using control organisms: (a)(2) Each week of use for gram stains.</p> <p>This STANDARD is not met as evidenced by: Based on review of gram stain quality control (QC) records, and interview technical supervisor #2, the laboratory failed to document positive and negative reactivity each week of use for gram stains for 5 of 63 weeks in 2023 and to date March 12, 2024. Findings: 1. Review of gram stain QC showed no gram stain QC performed the week of March 27, 2023, April 4, 2023, August 8, 2023, February 6, 2024 and February 20, 2024. 2. Interview with technical supervisor #2 on March 12, 2024 at 11:00 AM confirmed the laboratory failed to document positive and negative reactivity each week of use for gram stains.</p>