Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	26D0046551	07/05/2023
Name of Provider or Supplier	**Street Address, City, State**	
Meyer Orthopedic & Rehabilitation Hospital	3535 S National Ave-Attention Point Of Care Labora, Springfield, MO	

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
D5403	PROCEDURE MANUAL CFR(s): 493.1251(b) The procedure manual must include the following when applicable to the test procedure: (1) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for specimen acceptability and rejection as described in 493.1242. (2) Microscopic examination, including the detection of inadequately prepared slides. (3) Step-by-step performance of the procedure, including test calculations and interpretation of results. (4) Preparation of slides, solutions, calibrators, controls, reagents, stains, and other materials used in testing. (5) Calibration and calibration verification procedures. (6) The reportable range for test results for the test system as established or verified in 493.1253. (7) Control procedures. (8) Corrective action to take when calibration or control results fail to meet the laboratory's criteria for acceptability. (9) Limitations in the test methodology, including interfering substances. (10) Reference intervals (normal values). (11) Imminently life-threatening test results, or panic or alert values. (12) Pertinent literature references. (13) The laboratory's system for entering results in the patient record and reporting patient results including, when appropriate, the protocol for reporting imminently life threatening results, or panic, or alert values. (14) Description of the course of action to take if a test system becomes inoperable. This STANDARD is not met as evidenced by: Based on lack of immunohematology blood unit release procedure, lack of immunohematology blood unit release log, lack of immunohematology refrigerator blood unit weekly check log and interview with technical consultant (TC) #1, the laboratory failed to provide a step by step procedure for immunohematology blood unit release and blood bank refrigerator blood supply status. Findings: 1. Review of immunohematology procedures showed no step by step procedure for when blood units arrive onsite, documentation of blood units when transfused and how to correlate

	blood units given to current blood bank refrigerator blood units on a weekly refrigerator check log. 2. Review of patient blood unit release log showed no documentation for 2021, 2022 to date July 5, 2023. 3. Review of blood unit refrigerator weekly check log showed no documentation for 2021, 2022 to date July 5, 2023. 4. Interview with the TC #1 on July 5, 2022 at 1:00 PM confirmed the laboratory failed to provide a step by step procedure for immunohematology blood unit release and blood bank refrigerator blood supply status.