

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D0441857	(X3) Date Survey Completed 07/09/2019
Name of Provider or Supplier Washington County Memorial Hospital	Street Address, City, State 300 Health Way, Potosi, 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
D5401	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on review of Siemens Rapid Point 500 arterial blood gas (ABG) procedure, ABG quality control (QC) log for 2018/2019 and interview with testing personnel #7 the laboratory failed to follow ABG QC procedure for three of seven months in 2019. Findings: 1. Review of Siemens Rapid Point 500 ABG procedure states "Manual QC level 1, 2, 3 is to be performed following the change of the measurement cartridge/QC cartridge". The Measurement cartridge is changed every 27 days. 2. Review of ABG QC showed no QC was documented for February, March and April of 2019. 3. Interview with testing personnel #7 on July 9, 2019 at 12:30 PM confirmed the laboratory failed to follow ABG procedure for QC.</p>