

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D0445722	(X3) Date Survey Completed 04/13/2021
Name of Provider or Supplier Mercy	Street Address, City, State 3125 Dr Russell Smith Way, Carthage, 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 blood bank procedures and interview with testing personnel (TP) #7 and the technical supervisor, the laboratory failed to provide an updated written procedure for confirming patient history prior to patient testing. Findings: 1. Review of "Retyping of the Use of Historical Blood Type" procedure states "Check patient record for a historical Blood Type using Blood Bank History cards." 2. Interview with TP # 7 on April 13, 2021 at 11:30 AM , TP #7 stated when "confirming patient history, they must check the blood bank history cards and the computer prior to patient testing." 3. Interview with the technical supervisor on April 13, 2021 at 12:00 PM confirmed the laboratory failed to provide an updated written procedure for confirming patient history prior to patient testing.</p>