

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 26D0446983	<b>(X3) Date Survey Completed</b> 06/01/2021
<b>Name of Provider or Supplier</b> Central Ozarks Medical Center	<b>Street Address, City, State</b> 304 W Washington Ave, Richland, 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>D2007</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> CFR(s): 493.801(b)(1)</p> <p>The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods</p> <p>This STANDARD is not met as evidenced by: Based on review of American Proficiency Institute's hematology and chemistry proficiency testing (PT) records for 2019/2020 and interview with the testing personnel #1, the laboratory failed to ensure two of three full-time testing personnel participated in the PT process who routinely perform patient testing. Findings: 1. No documentation was available to show testing personnel # 2 or #3 participated in hematology and chemistry PT for 2019 and 2020. 2. Interview on June 1, 2021 at 1:30 P.M., testing personnel #1 confirmed the laboratory failed to include all personnel who routinely perform patient testing, in the PT process.</p>
<b>D6018</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(iii)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action;</p> <p>This STANDARD is not met as evidenced by:</p>

Based on review of American Proficiency Institute's proficiency testing (PT) results for microscopic urine sediment and vaginal wet mount preparations (KOH) for 2019 and 2020 and interview with testing personnel #1, appropriate staff failed to evaluate the laboratory's performance and identify any problems that require corrective action. Findings: 1. Review of 2019 and 2020 proficiency test results for urine sediment event #1 2019 and event #3 of 2020 and KOH event #1 2019 revealed the laboratory failed to evaluate the ungraded proficiency testing results. 2. Interview with the testing personnel #1 on June 1, 2021 at 1:30 PM confirmed appropriate staff failed to evaluate the ungraded proficiency testing results.