

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D0705327	(X3) Date Survey Completed 04/30/2024
Name of Provider or Supplier General John J Pershing Memorial Hospital	Street Address, City, State 130 E Lockling, Brookfield, 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
D5545	<p>HEMATOLOGY CFR(s): 493.1269(b)(d)</p> <p>(b) For all nonmanual coagulation test systems, the laboratory must include two levels of control material each 8 hours of operation and each time a reagent is changed. (d) The laboratory must document all control procedures performed, as specified in this section.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory procedures, review of Sysmex CA-600 coagulation quality control (QC) and interview with the general supervisor (GS) #1, the laboratory failed to include two levels of control material each 8 hours of operation for prothrombin time (PT) and partial thromboplastin time (PTT) for 27 of 29 days from April 27 to April 29, 2024. Findings: 1. Review of "Coagulation Quality Control Procedure" states "To be completed 3 times daily - every 8 hours of operation". 2. Review of the Sysmex CA-600 coagulation analyzer QC, showed the laboratory failed to perform two levels of QC every eight hours for 27 of 29 days. 3. The laboratory performs approximately 37,824 hematology tests per year. 4. Interview with the GS #1 on April 30, 2024 at 11:00 AM confirmed the laboratory failed to perform two levels of PT and PTT QC each 8 hours of operation.</p>
D6151	<p>GENERAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1463(b)(3)(4)</p> <p>(3) The director or technical supervisor may delegate to the general supervisor the responsibility for providing orientation to all testing personnel; and (4) Annually evaluating and documenting the performance of all testing personnel.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on the review of personnel records for 2023 and interview with the general supervisor (GS), the GS failed to document annual competency by qualified personnel for 1 of 2 testing personnel (TP). Findings: 1. Review of the personnel records for 2023 showed the annual competency for TP #10 was performed by non-qualified personnel. 2. Interview with the GS on April 30, 2024 at 12:30 PM confirmed the laboratory failed to document annual competency by qualified personnel.