

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D1013631	(X3) Date Survey Completed 05/30/2023
Name of Provider or Supplier Jordan Valley Community Health Center	Street Address, City, State 440 E Tampa, 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
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 the technical supervisor (TS) #2, the laboratory failed to provide a procedure for checking patient history in blood bank. Findings: 1. Review of blood bank procedures showed no procedure for checking patient history prior to performing blood bank procedures. 2. Interview with the TS #2 on May 24, 2023 at 9:30 AM confirmed the laboratory failed to provide a blood bank procedure for checking patient history.</p>
D6094	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)</p> <p>The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur.</p> <p>This STANDARD is not met as evidenced by: Based on review of Cepheid GeneXpert quality control (QC), Diesse Mini cube sedrate QC, and interview with technical supervisor (TS) #2, the laboratory director (LD) failed to ensure that the quality assessment programs are established and maintained. Findings: 1. Review of the Cepheid GeneXpert QC for sars COVID-19, influenza, respiratory syncytial virus, chlamydia, gonorrhea, and trichomonas showed</p>

no QC review to ensure appropriate QC results and to identify failures in quality as they occur. 2. Review of Diesse Mini cube sedrate QC showed no QC review to ensure appropriate QC results and to identify failures in quality as they occur. 3. Interview with the TS #2 on May 24, 2023 at 10:00 AM confirmed the LD failed to ensure that the quality assessment programs are established and maintained.

D6095

LABORATORY DIRECTOR RESPONSIBILITIES
CFR(s): 493.1445(e)(6)

The laboratory director must ensure the establishment and maintenance of acceptable levels of analytical performance for each test system.

This STANDARD is not met as evidenced by:
Based on observation of immunohematology testing area and interview with the technical supervisor (TS) #2, the laboratory director (LD) failed to ensure the establishment and maintenance of acceptable levels of analytical performance for each test system. Findings: 1. Observation of immunohematology testing area showed while performing approximately 5 blood bank type and screening tests the testing personnel was also performing approximately 15 rapid plasma reagin (RPR) tests simultaneously. 2. Interview with TS #2 on May 24, 2023 at 10:30 AM confirmed the LD failed to ensure the establishment and maintenance of acceptable levels of analytical performance for immunohematology and RPR testing.