

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 27D0409818	(X3) Date Survey Completed 07/25/2018
Name of Provider or Supplier Daniels Memorial Healthcare Center	Street Address, City, State 105 5th Avenue East, Scobey, MT	
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
D0000	Based on an on-site recertification survey conducted on 7/25/18, a deficiency was cited for Daniels Memorial Healthcare Center in Scobey, MT.
D5449	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(ii)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- At least once a day patient specimens are assayed or examined perform the following for-- Each qualitative procedure, include a negative and positive control material; (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to perform positive and negative quality control (QC) every day of patient serum human chorionic gonadotropin (shCG) testing for one of one patient reviewed. The findings include: 1. A review on 7/25/18 at 11:00 a.m. of one patient (17-192-1048) results lacked QC for the day of shCG testing on 7/11/17. An approved individualized quality control plan (IQCP) was not located. 2. On 7/25/18 at 11:30 p.m., staff member A stated the controls were done per lot and shipment.</p>