

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  27D0410237	<b>(X3) Date Survey Completed</b>  03/24/2021
<b>Name of Provider or Supplier</b>  Logan Health - Chester	<b>Street Address, City, State</b>  315 West Madison Ave, Chester, MT	
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>D2009</b>	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on record review of American Proficiency Institute (API), proficiency testing documentation for 2019, and interview with the general supervisor (GS)#1 the Lab Director or designee failed to sign and date the Attestation Statement. Findings: 1. Review of American Proficiency Institute (API), Proficiency Testing Attestation Statements for year 2019 lacked the Laboratory Director or designee signatures and dates. 2. Review of American Proficiency Institute (API), Proficiency Testing Attestation Statement states "Signatures Required - Testing personnel and laboratory director must physically sign an attestation statement for all PT results, and retain the signed statement (or a copy) for a minimum of 2 years. Either the attestation statement below or a copy of the printed form provided online can be used for this purpose." 3. Interview with the GS#1 on 3/24/2021 at 3:30 PM confirmed the lack of Laboratory Director or designee signatures and dates.</p>