Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	27D0410733	11/05/2019
Name of Provider or Supplier	**Street Address, City, State**	
Barrett Hospital & Healthcare Laboratory	600 Mt Highway 91 South, Dillon, 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 11/5/19, deficiencies were cited for Barrett Hospital & Healthcare in Dillon, MT.
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the laboratory failed to verify the accuracy of the lactoferrin test twice annually from 1/1/19 through 11/5/19. The findings include: 1. On 11/5/19 at 11:30 a.m., a Leuko EZ test kit for lactoferrin was observed in the laboratory. 2. A review on 11/5/19 at 12:00 p.m. of the American Proficiency Institute proficiency testing binders lacked proficiency testing for the lactoferrin test performed on the Leuko EZ test kit. 3. A review on 11/5/19 at 12:09 p. m. of the API Order History information lacked enrollment for lactoferrin. 4. On 11/5 /19 at 12:09 p.m., staff member A stated the laboratory began using the Leuko EZ test kit in January of 2019 but did not have proficiency testing enrollment.
D6128	TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9) The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least annually after the first year, unless test methodology or instrumentation changes, in which case, prior to reporting patient test results, the individual's performance must be reevaluated to include the use of the new test methodology or instrumentation.

	This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory technical supervisor failed to perform and document competency on four of thirteen testing personnel on the blood gas analyzer. The findings include: 1. On 11/5/19 at 12:09 p.m., staff member A stated the blood gas analyzer was located in the respiratory therapy department outside of the laboratory. The blood gas analyzer was operated by the respiratory staff. 2. A review on 11/5/19 at 12:30 p.m. of the laboratory competency documentation lacked competency assessments for staff members B, C, D, and E. 3. On 11/5/19 at 4:00 p.m., staff member A stated the respiratory staff did not have competency documented on the blood gas analyzer.