

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  27D0410751	<b>(X3) Date Survey Completed</b>  05/08/2018
<b>Name of Provider or Supplier</b>  Ruby Valley Hospital	<b>Street Address, City, State</b>  321 Madison St, Sheridan, 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>D0000</b>	Based on an on-site recertification survey conducted on 5/8/18, deficiencies were cited for Ruby Valley Hospital in Sheridan, MT.
<b>D5805</b>	<p><b>TEST REPORT</b> CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to include the address of the laboratory location where the test was performed for analytes performed on the Siemens Dimension analyzer from 8/27/16 to 5/8/18. The findings include: 1. A review on 5/8/17 at 12:00 p.m. of test reports for analytes performed on the Siemens Dimension analyzer lacked an address of the laboratory location where the test was performed. a. Digoxin, acetaminophen, sodium, potassium, chloride, glucose, blood urea nitrogen, creatinine, calcium, alanine aminotransferase, aspartate aminotransferase, alkaline phosphatase, total bilirubin, albumin, enzymatic carbonate, triglycerides, thyroid stimulating hormone, cholesterol, low density lipoprotein cholesterol, total protein, high density lipoprotein cholesterol, prostate specific antigen, and C-reactive protein. 2. On 5/8/18 at 4:00 p.m., staff member A stated the address can be added into the Siemens Dimension analyzer to print the name.</p>
<b>D6128</b>	<b>TECHNICAL SUPERVISOR RESPONSIBILITIES</b>

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 technical supervisor failed to evaluate and document annual competency assessments for two of two testing personnel from 8/27/16 to 5/8/18. The findings include: 1. On 5/8/18 at 8:45 a.m., staff member A stated there were no documented competencies due to only having two full time testing personnel. The personnel perform proficiency testing to prove competency. 2. A review on 5/8/18 at 10:30 a.m. of the competency assessments and proficiency testing documentation lacked documented annual competency assessments for two of two testing personnel.