

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0456376	(X3) Date Survey Completed 05/01/2019
Name of Provider or Supplier Perkins County Community Hospital	Street Address, City, State 900 Lincoln Avenue, Grant, NE	
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
D5293	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c)</p> <p>(b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on review of proficiency test (PT) results for 2018, lack of documentation, and an interview with the general supervisor at 11:40 AM on 5/1/2019 the laboratory failed to document corrective action for unsatisfactory proficiency testing scores. Findings are: 1. Review of microbiology PT results 2018 revealed unsatisfactory scores of 60% for the first event, 0% for the second event, and 80% for the third event for gram stain. Review of microbiology PT results 2018 revealed unsatisfactory scores of 0% for the first event and 50% for the second event for wound culture - aerobic. 2. Review of hematology/coagulation PT results 2018 revealed unsatisfactory scores of 0% for the second event for microscopy vaginal wet prep. Review of hematology /coagulation PT results 2018 revealed unsatisfactory scores of 50% for the third event for microscopy urine sediment. 3. No documentation of corrective action could be presented at the time of survey for these unsatisfactory scores. 4. Interview with the general supervisor confirmed no corrective action was performed for unsatisfactory proficiency testing scores.</p>
D6076	<p>LABORATORY DIRECTOR CFR(s): 493.1441</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance</p>

with 493.1445 of this subpart.

This CONDITION is not met as evidenced by:

Based on review of procedure manual (see D6106), competency records (see D6127), and 2018 proficiency testing (see D5293) the laboratory failed to fulfill the laboratory director responsibilities.

D6106

LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1445(e)(14)

The laboratory director must ensure that an approved procedure manual is available to all personnel responsible for any aspect of the testing process.

This STANDARD is not met as evidenced by:

Based on review of laboratory procedures and interview with general supervisor, the laboratory director failed to sign new and revised procedures. 1. Review of laboratory procedures revealed procedures were not signed but the laboratory director but were signed by the technical supervisor. 2. Interview with general supervisor on 5/1/2019 at 2:15 PM confirmed that the lab director did not sign new and revised procedures.

D6127

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 semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:

Based on review of the CMS 209 testing personnel report, lack of documentation, and interview with the general supervisor at 1:00 PM on 5/1/2019, the technical supervisor failed to perform semiannual competency on 1 testing personnel performing high complexity testing. Findings are: 1. Review of the CMS 209 Laboratory Personnel Report revealed 1 new testing personnel had started performing high complexity testing at this facility on October 2017. 2. No documentation could be presented at the time of survey for the required semiannual competency. 3. Interview with the general supervisor confirmed that no semiannual competency was performed on 1 testing personnel performing high complexity testing.