

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  28D0652694	<b>(X3) Date Survey Completed</b>  09/19/2018
<b>Name of Provider or Supplier</b>  Cherry County Hospital	<b>Street Address, City, State</b>  510 North Green Street, Valentine, NE	
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>D5293</b>	<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 2017 and 2018, lack of documentation and an interview with the general supervisor at 10:40 AM on 9/19 /2018, the laboratory failed to document corrective action for unacceptable proficiency testing scores. Findings are: 1. Review of PT results for 2017 and 2018 revealed unacceptable scores of 80% for the first event 2018 for the following analytes - calcium, PCO2, antibody detection, acetaminophen and vancomycin. 2. No documentation of corrective action could be presented at the time of survey for these unacceptable analyte scores. 3. Interview with the general supervisor revealed only the unsatisfactory (less than 80%) scores had been evaluated and non of the unacceptable scores had been evaluated.</p>
<b>D5449</b>	<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>

This STANDARD is not met as evidenced by:

Based on review of worksheets and an interview with the general supervisor at 1:30 PM on 9/19/2018, the laboratory failed to perform controls each day of testing for the Med Tox testing system for the detection of drugs of abuse. Findings are: 1. Review of worksheets for Med Tox testing system put in use 5/1/2018 revealed controls were performed monthly. 2. Interview with the general supervisor confirmed controls were run per manufacturer's requirements which were monthly. The general supervisor had thought this moderate complexity test was a waived test and the lab was following the manufacturer's instructions for control frequency. The general supervisor stated no individual quality control plan had been implemented for this test.