Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	29D1005996	06/20/2018
Name of Provider or Supplier	**Street Address, City, State**	
Specialty Care Inc At Desert Springs Hospital	2075 E Flamingo Rd, Las Vegas, NV	

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	This Statement of Deficiencies was created as a result of an on-site CLIA recertification survey conducted at your facility on June 20, 2018. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.
D5785	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(3) (b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met. This STANDARD is not met as evidenced by: Based on a review of laboratory temperature recording logs and an interview with the chief perfusionist, the laboratory failed to document corrective action taken when the criteria for the proper storage of laboratory reagents are not met. Findings include: The laboratory failed to document corrective action taken for 84 of 294 days of recorded refrigerator temperatures in testing year 2016 which was outside of the required storage temperature range of 36 to 46 degrees Fahrenheit for the storage of i-stat cartridges. This was confirmed by the chief perfusionist on June 20, 2018 at approximately 11:00 am. The laboratory performs approximately 13,600 hematology and chemistry tests annually.
D5789	TEST RECORDS CFR(s): 493.1283(b) Records of patient testing including, if applicable, instrument printouts, must be retained.

	This STANDARD is not met as evidenced by: Based on a random patient audit of patient laboratory test records from 7/8/16 through 5/9/18 and an interview with the chief perfusionist, the laboratory failed to retain instrument records of patient laboratory tests performed. Findings include: A random audit of patient test reports from 7/8/16 through 5/9/18 revealed that eight of eight patient test records failed to have the corresponding instrument printouts retained from the HMS coagulation analyzer for the performance of Activated Clotting Time (ACT). This was confirmed by the chief perfusionist on June 20, 2018 at approximately 11:00 am. The laboratory performs approximately 13,600 hematology and chemistry tests annually.
D6053	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens. This STANDARD is not met as evidenced by: Based on a review of laboratory testing personnel records and an interview with the chief perfusionist, the technical consultant failed to evaluate and document the semiannual performance of individuals performing moderate complexity testing at least semiannually during the first year of patient testing. Findings include: The technical consultant failed to perform and document semiannual competency of testing personnel number 12, from the CMS 209 form, in the performance of the moderate complexity tests i-stat blood gas and HMS ACT. This was confirmed by the chief perfusionist on June 20, 2018 at approximately 11:00 am. The laboratory performs approximately 13,600 hematology and chemistry tests annually.