

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  29D1051703	<b>(X3) Date Survey Completed</b>  01/09/2018
<b>Name of Provider or Supplier</b>  Desert View Hospital	<b>Street Address, City, State</b>  360 South Lola Lane, Pahrump, NV	
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>	<p>This statement of deficiencies was generated as a result of the on-site CLIA recertification survey conducted at your facility on January 9, 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.</p>
<b>D5445</b>	<p><b>CONTROL PROCEDURES</b> CFR(s): 493.1256(d)(1)(2)(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-- (d)(1) Perform control procedures as defined in this section unless otherwise specified in the additional specialty and subspecialty requirements at 493.1261 through 493.1278. (d)(2) For each test system, perform control procedures using the number and frequency specified by the manufacturer or established by the laboratory when they meet or exceed the requirements in paragraph (d)(3) of this section. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on a random audit of patient laboratory tests performed by the laboratory from January 9, 2016 to October 18, 2017, a review of the quality control performed for the laboratory tests, a review of the director approved policy and procedure manual that refers to quality control and an interview with the laboratory manager, the laboratory failed to perform two levels of quality control every day of patient testing or evaluate and establish a process to reduce the frequency of quality control performed for each test system. Findings include: 1. The laboratory failed to perform two levels of external quality control every day of patient testing for Serum HCG and for Clostridium Difficile testing. 2. There was no director approved policy and procedure established for the reduced frequency of quality control for the performance of Serum</p>

HCG and for Clostridium Difficile patient testing. This was confirmed by the laboratory manager on January 9, 2018 at approximately 2:30 PM. The laboratory performs approximately 203 bacteriology tests annually.

**D6094**

**LABORATORY DIRECTOR RESPONSIBILITIES**  
CFR(s): 493.1445(e)(5)

The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur.

This STANDARD is not met as evidenced by:  
Based on a review of the director approved policy and procedure manual for quality assessment, a review of the documentation of laboratory quality assessment for testing performed in 2016 and 2017 and an interview with the laboratory manager, the laboratory failed to follow the quality assessment policy of documenting assessment of the laboratory services provided to assess and identify failures in quality as they may occur. Findings include: 1. The laboratory failed to provide documentation of monthly quality assessment from February 2017 through July 2017 as defined in the director approved policy and procedure manual. 2. There was no documentation of monthly quality assessment for the performance of blood gas testing. 3. There was no documentation of review of the returned blood bank patient transfusion records to evaluate any issues that could arise from the transfusion of patients with donor blood products. 4. There was irregular documentation of the review of the blood bank log book for the evaluation of any discrepancies that may arise by testing personnel. This was confirmed by the laboratory manager on January 9, 2018 at approximately 6:00 PM. The laboratory performs approximately 397,869 patient laboratory tests annually.