

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 30D0087583	(X3) Date Survey Completed 05/20/2021
Name of Provider or Supplier Huggins Hospital	Street Address, City, State 240 South Main St, Wolfeboro, NH	
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
D5537	<p>ROUTINE CHEMISTRY CFR(s): 493.1267(b)(d)</p> <p>For blood gas analyses, the laboratory must perform the following: (b) Test one sample of control material each 8 hours of testing using a combination of control materials that include both low and high values on each day of testing. (d) Document all control procedures performed, as specified in this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory failed to test control material every 8 hours of performing and reporting blood gas analytes (hydrogen concentration, partial pressure of oxygen, partial pressure of carbon dioxide, and oxygen saturation) results for 23 of 24 days patient testing was performed in April and May 2021 Findings include: 1) Review on 5/20/2021 of patient blood gas test records from April and May 2021 revealed 29 patient blood gases had been reported on 24 different days. 2) Review on 5/20/2021 of control records for blood gas testing from April and May 2021 revealed quality control testing was not performed within 8 hours before patient testing on 23 of the 24 days; for 28 out of 29 patients tested and reported during this period. 3) Interview on 5/20/2021 at 9:45 a.m. with a Technical Supervisor (TS) confirmed control testing had not been performed for 28 of the 29 patient blood gas results reported. The TS revealed revealed the blood gas analyzer was a replacement instrument, put into use in April 2021, and had not been programmed to perform the quality control testing automatically each day.</p>