

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 35D0408602	(X3) Date Survey Completed 08/07/2025
Name of Provider or Supplier Northwood Deaconess Health Center - Northwood	Street Address, City, State 4 N Park St, Northwood, ND	
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
D5415	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c)</p> <p>(c) Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (c)(1) Identity and when significant, titer, strength or concentration. (c)(2) Storage requirements. (c)(3) Preparation and expiration dates. (c)(4) Other pertinent information required for proper use.</p> <p>This STANDARD is not met as evidenced by: Based on observation, policy review, and staff interview, the laboratory failed to label 3 of 3 hematology staining containers (Fixative Solution, Solution I, Solution II) observed. The laboratory performed 64 patient hematology differentials since August 2024. Findings include: 1. Observation at 10:08 a.m. on 08/06/25 showed three filled containers in a sink at the hematology bench with no identifying information. 2. During interview at approximately 10:10 a.m. on 08/06/25, a technical consultant (#1) stated the containers in the hematology sink contained hematology staining solutions used for patient testing and confirmed the laboratory had not labeled these containers. 3. Reviewed on 08/06/25, the policy "Secondary Reagent Labeling," dated 12/15/07, stated, "Labels are required when hazardous/non-hazardous materials are transferred from their original containers and placed into secondary containers."</p>