Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	37D0472727	10/24/2024
Name of Provider or Supplier	**Street Address, City, State**	
Mercy Hospital Watonga, Inc	500 N Clarence Nash Blvd, Watonga, OK	

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	The recertification survey was performed on 10/,22,23,24/2024. The laboratory was found in compliance with standard-level deficiencies cited. The findings were reviewed with the manager, laboratory manager, testing person #2, and testing person #3 at the conclusion of the survey.
D3025	REQUIREMENTS FOR TRANSFUSION SERVICES CFR(s): 493.1103(d) Investigation of transfusion reactions. The facility must have procedures for preventing transfusion reactions and when necessary, promptly identify, investigate, and report blood and blood product transfusion reactions to the laboratory and, as appropriate, to Federal and State authorities. This STANDARD is not met as evidenced by: Based on a review of records, nursing policy, and interview with the manager, the facility failed to ensure written policies were followed for documenting vital signs for one of five units of packed red blood cells. Findings include: (1) On 10/23/2024 at 1: 00 pm, the manager stated that blood transfusions were performed by nursing staff; (2) A review of the hospital policy titled, "WTG MW NUR Administration Transfusion of Blood or Blood Products Policy" defined vitals as temperature, blood pressure, pulse and respirations and stated: (a) "Obtain vital signs within 30 minutes before transfusion begins"; (b) "Obtain vital signs within 10-15 minutes after start of the transfusion"; (c) "Obtain vital signs at the end of the transfusion, but not more than 60 minutes after the transfusion has been discontinued". (3) A review of transfusion records for five units identified the policy had not been followed for one of five units as follows; (a) Unit #W091024106559 - The unit was started at 08:23 am and vital signs were not taken between 8:23 am and 10:11 am; (4) The records were reviewed with the manager who stated on 10/23/2024 at 01:00 pm, the vital signs had not been documented according to policy.

D5317	SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(d) If the laboratory accepts a referral specimen, written instructions must be available to the laboratory's clients and must include, as appropriate, the information specified in paragraphs (a)(1) through (a)(7) of this section. This STANDARD is not met as evidenced by: Based on interview with the technical consultant, the laboratory failed to provide written instructions to clients collecting and referring specimens for testing performed in the laboratory. Findings include: (1) On 10/22/2024 at 11:15 am, the laboratory manager stated the following testing were performed and specimens were transported to the laboratory from nursing homes and home health care agencies: (a) CBC (complete blood count) testing using the Sysmex XS 1000i analyzer; (b) Routine Chemistry testing using the Roche Cobas c 311 analyzer. (2) Interview with the technical consultant on 10/22/2024 at 02:15 pm confirmed the laboratory did not provide written instructions (i.e., client service manual) to the clients to explain the laboratory's specimen collection and transportation policies.
D5401	PROCEDURE MANUAL CFR(s): 493.1251(a) A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens. This STANDARD is not met as evidenced by: Based on observation, a review of policies and procedures, and interview with the manager, the laboratory failed to follow their written protocol for centrifuging urine samples for microscopic exam during the review period of June 2022 through the current date. Finding include: (1) On 10/23/2024 at 10:00 am, the manager stated the following: (a) Urine sediment examinations were performed by the laboratory; (b) The specimens were processed in a Hettich EBA 270 centrifuge at a speed of 2000 rpm (revolutions per minute) for 5 minutes. (2) A review of the procedure titled, "WTG LABCO Urinalysis-Microscopic and Culture", stated "Place 12 milliliters (ml) of a well mixed urine into a labeled urine tube. Cap the tube and place it in the centrifuge at 400 RCF (Relative Centrifugal Force) for 5 minutes"; (3) A calculation of the RCF for the Hettich Centrifuge at 2000 RPM revealed that the laboratory was centrifuging at 563 RCF, rather than 400 RCF as stated in the policy; (4) The records were reviewed with the manager, who stated on 10/23/2024 at 10:00 am, the laboratory had not followed their policy.
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality.

	This STANDARD is not met as evidenced by: Based on a review of records, observation, and interview with the laboratory director, the laboratory failed to ensure expired supplies were not available for use. Findings include: (1) Observation of the laboratory on 10/22/2024 at 11:00 am, identified the following expired supplies were available for use: (a) One bottle of NERL reagent grade water, lot #597839, expired 07/31/2024 and put into use by the laboratory on 10 /02/2024. (2) Interview with the manager on 10/22/2024 at 11:00 am confirmed the reagent grade NERL water was currently in use.