Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	37D0915768	10/28/2019
Name of Provider or Supplier	**Street Address, City, State**	
Ascension St John Jane Phillips	3500 Frank Phillips Blvd, Bartlesville, 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 10/28/19. The findings were reviewed with the technical consultant at the conclusion of the survey. The laboratory was found in compliance with standard-level deficiencies cited.
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency. This STANDARD is not met as evidenced by: Based on a review of records, written policy and interview with the technical consultant, the laboratory failed to follow their written technical consultant competency policy based on the job responsibilities as listed in Subpart M. Findings include: (1) During the survey, the surveyor reviewed personnel records for competency assessments performed during 2018 and 2019. There was no evidence competencies had been performed for the technical consultant, based on their job responsibilities; (2) The surveyor asked the technical consultant if a written policy to evaluate the technical consultant based on job responsibilities was available. The technical consultant provided the policy for the surveyor to review titled: "Point of Care Delegation of Responsibilities"; (3) The surveyor reviewed the policy which stated: (a) 1. Laboratory (CLIA) Defined Personnel;" (b) "a. Is responsible for the overall operation and administration of the laboratoy including:" (c) "V. Annual Technical consultant (if not fulfilling that role) competency evaluation"; (4) The surveyor asked the technical consultant if competencies based on job responsibilities had been performed during the review period as required by policy. The technical consultant stated annual competencies had not been performed.
D5211	EVALUATION OF PROFICIENCY TESTING PERFORMANCE

	CFR(s): 493.1236(a) The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part. This STANDARD is not met as evidenced by: Based on a review of records and interview with the laboratory manager, the laboratory failed to review and evaluate proficiency testing results for 2 of 26 events. Findings include: (1) During the survey, the surveyor reviewed 2018 and 2019 proficiency testing records and identified the following biases (the biases were identified using the SDI (Standard Deviation Index) values assigned by the proficiency program): (a) First 2018 Prothrombin Time/INR (International Normalized Ratio), I-STAT(WP3-A) Event (i) Prothrombin Time - 3 of 5 results exhibited a positive bias (aa) WP3-01- SDI of 2.0 (bb) WP3-04 - SDI of 2.5 (cc) WP3-05 - SDI of 2.3 (b) Second 2019 Critical Care Aqueous Blood Gas (AQI-B) Event (i) Sodium - 4 of 5 results exhibited a negative bias (aa) AQI-06 - SDI of -2.0 (bb) AQI-07 - SDI of -2.3 (cc) AQI-08 - SDI of -2.2 (dd) AQI-09 - SDI of -2.0 (ii) TCO2 - 3 of 5 results exhibited a negative bias (aa) AQI-06 - SDI of -2.3 (bb) AQI-07 - SDI of -3.4 (cc) AQI-08 - SDI of -2.5 (2) The surveyor further reviewed the records and could not locate documentation verifying the biases had been identified and addressed; (3) The surveyor then reviewed the records with the technical consultant, and asked if the biases had been addressed. The technical consultant stated the biases had not been addressed.