

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0628589	(X3) Date Survey Completed 09/22/2020
Name of Provider or Supplier Pioneer Memorial Hospital Lab	Street Address, City, State 564 E Pioneer Dr, Heppner, OR	
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
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's procedure manuals and discussion with the staff the new laboratory director hired 12/01/2019 did not sign and date the procedure manuals used in the laboratory. Findings include: 1. Review of all procedures manuals revealed that the new laboratory director did not sign the following procedure manuals. a. Bacteriology Procedure Manuals. b. Blood Bank Procedure Manuals. c. Chemistry Procedure Manuals. d. Coagulation Procedure Manuals. e. Hematology Procedures Manuals. f. IQCP Procedure Manuals. g. Serology Procedure Manuals. h. Urinalysis Procedure Manuals. 2. The Laboratory Manager/Technical Supervisor and Lead Tech/ General Supervisor concurred with these findings on 09/22/2020 at 15:30PM.</p>