

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0184808	(X3) Date Survey Completed 07/19/2018
Name of Provider or Supplier Penn Highlands Tyrone	Street Address, City, State 187 Hospital Drive, Tyrone, PA	
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
D5449	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(ii)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- At least once a day patient specimens are assayed or examined perform the following for-- Each qualitative procedure, include a negative and positive control material; (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on laboratory quality control record review and interview with the Laboratory Manager on (07/18/2018), the laboratory failed to include a positive and negative control each day of patient testing for KOH, Wet Prep, and Urine Sediment examination, from January 2017 through the date of the survey (07/18/2018). Findings include: 1.The labororatory did not document a negative and positive control material at least once a day patients specimens were examined for KOH, Wet Prep, and Urine Sediment Examination for 18 of 18 months on tests preformed from January 2017 through the date of survey (07/18/2018). 2. During the survey, the Laboratory Manager, confirmed that positive and negative controls are not documented each day of patient testing for KOH, Wet Prep, and Urine Sediment Examination.</p>