Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	44D0315659	05/29/2018
Name of Provider or Supplier	**Street Address, City, State**	
Baptist Memorial Hospital	631 R B Wilson Dr, Huntingdon, TN	

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
D5553	IMMUNOHEMATOLOGY CFR(s): 493.1271(b)(f) (b) Immunohematological testing and distribution of blood and blood products. Blood and blood product testing and distribution must comply with 21 CFR 606.100(b)(12); 606.160(b)(3)(ii) and (b)(3)(v); 610.40; 640.5(a), (b), (c), and (e); and 640.11(b). (f) Documentation. The laboratory must document all control procedures performed, as specified in this section. This STANDARD is not met as evidenced by: Based on review of the August 2016 Transfusion Service Testing Record logbook and interview with the general supervisor, the laboratory failed to ensure the antibody screen was correctly performed prior to transfusion. The findings include: 1) Review of the August 2016 Transfusion Service Testing Record logbook revealed on August 9, 2016 patient number one antibody screen was reported negative, one unit of red blood cells (RBC) was transfused. On August 10, 2016 the second unit of RBC was transfused. On August 12, 2016, patient number one sample was tested for quality assessment and tested as antibody screen positive. Patient number one sample was referenced to another laboratory for testing antibody identification, resulted as Anti-E. 2) Interview on May 29, 2018 at 9:00 a.m. with the general supervisor confirmed patient number one was incorrectly typed as antibody screen negative on August 9, 2016, with two units of RBC transfused.