Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0660286	12/01/2021
Name of Provider or Supplier	**Street Address, City, State**	
Liberty Dayton Regional Medical Center	1353 North Travis Street, Liberty, TX	

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
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: *** New deficiency found during the unannounced revisit performed on 12/1/21*** Based on a review of the laboratory's policies, the laboratory's platelet poor plasma study done in September 2021, and staff interview, it was revealed that the laboratory failed to have documentation of following its procedure for performing one of one platelet poor plasma studies in 2021. Findings include: 1. A review of the laboratory's policy titled 'Platelet Poor Plasma' revealed the following steps to take when performing the platelet poor plasma study: - Within 30 minutes of collection, centrifuge capped citrate tube for 10 minutes at an RCF of 1500-2000g. - Using a plastic transfer pipet, remove the top of plasma. Place this plasma in a plastic send out tube and cap. - Centrifuge the plasma (in the plastic centrifuge tube from Step 2 above) for another 10 minutes at 1500-2000g. - Using a plastic transfer pipet, remove the top of plasma from step 3 into an Elite sample cup. - Ideally, PPP should have a platelet count of less than 10x10E9 per liter. 2. A review of the laboratory's records revealed a platelet poor plasma study was done in September 2021. 3. Further review of the platelet poor plasma study revealed the technologist performing the study, ran the sample through the hematology analyzer using a 1:7 dilution. There was nothing in the laboratory's policy instructing the laboratory personnel to run the sample using a 1:7 dilution. 4. An interview with the laboratory manager on 12/1/21 at 1:20 p.m. in the laboratory, after review of the records, explained that when performing the study,

	he did not spin the sample twice (as the policy instructed) and he ran the sample through the hematology analyzer using a 1:7 dilution so that the analyzer would detect the small amount of cells present in the sample. This confirmed the above findings.