

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  46D0525619	<b>(X3) Date Survey Completed</b>  03/03/2025
<b>Name of Provider or Supplier</b>  Central Valley Medical Center	<b>Street Address, City, State</b>  48 West 1500 North, Nephi, UT	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D2094</b>	<p><b>ROUTINE CHEMISTRY</b> CFR(s): 493.841(e)</p> <p>(e)(1) For any unsatisfactory analyte or test performance or testing event for reasons other than a failure to participate, the laboratory must undertake appropriate training and employ the technical assistance necessary to correct problems associated with a proficiency testing failure. (2) For any unacceptable analyte or testing event score, remedial action must be taken and documented, and the documentation must be maintained by the laboratory for two years from the date of participation in the proficiency testing event.</p> <p>This STANDARD is not met as evidenced by: Based on record review of Proficiency Testing (PT) documentation and interview with the Technical Supervisor (TS), the laboratory failed to document remedial action for unsatisfactory PT Event 3 in 2024 for PCO2 testing. The laboratory performs approximately 300 blood gas chemistry tests annually. Findings include: 1. Based on record review of College of American Pathologists (CAP) PT documentation, the laboratory failed to document remedial action for the unsatisfactory 2024 Event 3 for PCO2 blood gas testing. 2. Interview with TS on 3/3/2025 at approximately 1:15 p.m. confirmed that remedial action was not documented for the failed PT Event 3 in 2024 for PCO2 blood gas testing.</p>
<b>D6120</b>	<p><b>TECHNICAL SUPERVISOR RESPONSIBILITIES</b> CFR(s): 493.1451(b)(7)(8)</p> <p>(b)(7) Identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.</p>

This STANDARD is not met as evidenced by:

Based on review of competency documentation and interview with the Technical Supervisor (TS), the laboratory failed to evaluate competency for KOH testing for 9 out of 9 Testing Personnel (TP) . Findings include: 1. A laboratory record review revealed lack of competency documentation for KOH testing since the last survey on 7 /31/2023 for 9 out of 9 TP. 2. Interview with TS on 3/3/2025 at approximately 1:00 p. m. confirmed that the lab failed to document competency for KOH testing for 9 out of 9 TP.